More than 4100 oral and maxillofacial surgeons, guests, exhibitors and staff gathered in Washington, DC, September 28–October 3, for the 97th AAOMS Annual Meeting, Scientific Sessions and Exhibition. Held in conjunction with the Canadian Association of Oral and Maxillofacial Surgeons, this was the first AAOMS Annual Meeting convened in the nation’s capital.

Meeting registrants were presented an extensive array of educational options. Preconference programs on maxillofacial oncology and reconstructive surgery, pediatric anesthesia and facial cosmetic surgery kicked off the continuing education programming on Wednesday, September 30. Innovative symposia, clinical and practice management and professional allied staff courses, oral abstract sessions and scientific posters examined the latest procedures, research and information covering every aspect of OMS practice. Also available were coding workshops, risk management seminars, a number of open forums, and the educational programs and meetings of the nine AAOMS Clinical Interest Groups.

The popular “module” programs returned this year with in-depth, day-long sessions on dental implants, dentoalveolar surgery and anesthesia. The modules included plenary sessions, multiple breakout groups and innovative “How I Do It” clinics.

continued on page 8
I believe AAOMS’s culture and, most of all, the “people” and “process” that comprise the heart and soul of this organization are our greatest assets. The combined strength of these three elements—culture, people and process—will enable us to meet and transcend the present and future challenges confronting the specialty of oral and maxillofacial surgery and our nation’s healthcare system.

For healthcare professionals, these are uncertain times, fraught with confusion and profound change. Nevertheless, I remain optimistic about our future. I am not naïve or in denial about the issues that face us; rather, I am confident because I know the quality of the individuals who lead this association, serve on its committees, and represent oral and maxillofacial surgery to national, state and local decision-makers.

When I consider those who serve on AAOMS’s committees, participate in our many programs and activities, represent us on the committees and policy-making bodies of our allied dental and medical specialties, advocate on our behalf at the state and federal level and look to us for guidance as they navigate the challenges of a busy OMS practice, I am reminded of Viktor Frankl, who believed there were three keys to living a meaningful life:

1. **Work on projects that demand your attention.** Simply put, engage in something important. The AAOMS develops projects and programs that make a difference to your practice. This is the core of the association’s strategic plan, and one of the key reasons so many OMSs actively volunteer their services to assist AAOMS.

2. **Surround yourself with people you respect and who motivate you.** Consider the extraordinary colleagues in your district who define the AAOMS culture.

3. **Have a redemptive perspective on setbacks.** To work in healthcare today is to invite challenges and setbacks. We must redeem these difficulties by perceiving them in ways that better our lives. While we recognize there are many things we cannot control, the resilience and determination honed by our rigorous OMS training and work ethic have equipped us to transcend discouragement and meet the consequences head-on.

In my opinion, we must employ the following strategies if we, as a specialty, are to fully realize our potential:

1. Collect data;
2. Tell our story;
3. Build liaisons; and
4. Continually re-examine our efforts.

The Board of Trustees has authorized the creation of a registry to collect patient clinical data related to quality...
reporting and outcomes. While the ability to collect and control this treasure trove of information will help us establish credibility, just having the data is not enough. It is critical that we as a specialty use this information to help make our case to the legislators and governmental agencies, third party payers, allied healthcare specialties and the public.

This leads me to the next, and perhaps our most important strategy, “Tell our Story.” If we want to distinguish ourselves as the recognized leaders in surgery of the face, mouth and jaws, we need more than data and a good marketing strategy. We must tell a compelling story. A good story has a lasting impact that can change opinion and belief. More importantly, if we don’t tell our story, others will substitute their version in a way that may subvert our truth.

When we tell our story, we must focus on Value—the Value of our unique and comprehensive training, the Value of the services we provide, and the Value in the way we provide those services.

An issue where we would do well to tell our story is the “blurring of the lines” regarding who is best qualified to perform important surgical procedures. The areas of particular concern to us are those in which OMSs are and have long been the best in the world. These include the surgical placement of implants, management of third molars, and administration of sedation and general anesthesia.

In recent years we have seen specialties other than oral and maxillofacial surgery claim a surgical procedure even though their training and surgical experience are significantly less than our own; often to the detriment of patient care. We must boldly and clearly tell our story if we are to combat these perceptions.

“Simply put, engage in something important.”

When we forge liaisons and partner with other healthcare organizations who share our interests and concerns, we advance our specialty’s credibility and enhance our stature. We need only look at our recent collaborations with the British Association of Oral and Maxillofacial Surgeons to revamp the NICE Guidelines on the Management of Third Molar Teeth to see the positive outcomes of this strategy. We have experienced similar success in our efforts to reach out to other dental specialty organizations in support of our statements on Third Molar Management.

Optimism and process aside, I would like to mention a few other priorities.

- I believe it is important for us to support leadership development;
- I believe it is important to support, in whatever form necessary, research that makes a difference in how we care for our patients;
- I believe we should develop and disseminate Treatment Guidelines for key procedures;
- I believe we should fine tune our important public information program;
- I believe we should be a “big tent” organization in every way possible;
- I believe we should do everything we can to distinguish ourselves from others in the Value of the care we provide; and
- I believe we must do all the above with an eye toward fiscal responsibility.

Success in achieving our priorities will not be accidental; it will result from a habitual devotion to improvement, the kind that is routine in this organization.

I ask that you consider these words from author and business consultant James C. Collins regarding the benefits of giving a good effort: “You might gain that rare tranquility that comes from knowing that you’ve had a hand in creating something of intrinsic excellence that makes a contribution. Indeed, you might even gain that deepest of all satisfactions: knowing that your short time here on this earth has been well spent, and that it mattered.”

Simply put, engage in something important.”

Success in achieving our priorities will not be accidental; it will result from a habitual devotion to improvement, the kind that is routine in this organization.

Louis K. Rafetto, DMD, AAOMS President

IN MY VIEW
Ohio Society of OMS Treasurer David A. Smeltzer, DDS, hosted US Congressman Steve Stivers (R-OH) at his Columbus office on August 5, 2015. Rep. Stivers, currently serving his third term, sits on the Financial Services and Rules committees and has been very active on healthcare issues.

The Congressman has introduced legislation (HR 1185) to cancel the flexible spending account (FSA) “use it or lose it” provision, increase the annual FSA contribution limit to $5,000, and allow families with more than two dependents to deposit up to $500 a year to their FSA for each additional dependent—all provisions supported by AAOMS and advocated for during our 2015 AAOMS Day on the Hill.

Dr. Smeltzer noted, “Rep. Stivers understands the basics of our specialty, but it was helpful to discuss in greater detail the specifics of how legislative decisions impact us on a daily basis.”

An office visit is just one way to interact with members of Congress that helps build vital relationships between legislators and AAOMS members. While most, if not all, members of Congress have visited a medical office or even a hospital, very few have been inside an OMS office. Office visits, such as Congressman Stivers’ visit to Dr. Smeltzer’s office, not only allow OMSs to demonstrate what they do on a daily basis, they also provide opportunities to discuss the issues affecting the specialty and OMS patients. In addition, such meetings underscore the fact that issues discussed in Washington, DC, affect constituents back in the districts.

Coordinating the Congressman’s visit, Dr. Smeltzer noted, “was surprisingly easy because everyone at AAOMS was so helpful in arranging the meeting.”

If you are interested in hosting a legislative office visit, please contact AAOMS government affairs staff to assist with the scheduling and coordination. For more information, please contact Ashley Sanislo Casey at 800/822-6637, ext. 4313 or acasey@aaoms.org.

The House passed reconciliation legislation, the Restoring Americans Healthcare Freedom Act (HR 3762), on October 23, by a 240-189 vote. The bill seeks to reduce deficits and remove tax burdens on patients and providers by repealing key provisions of the Affordable Care Act (ACA), including the “cadillac tax,” employer mandate and the medical device tax. Initially, the bill included language to repeal the Medicare Independent Payment Advisory Board (IPAB), but it was removed before the bill was brought to the floor due to concerns that this provision did not meet the strict reconciliation requirements. Because it is a reconciliation bill, HR 3762 is subject to caps on floor debate time and can pass through the Senate with a simple majority instead of the normal 60-vote requirement for passage. HR 3762 was sent to the Senate for consideration and the president has promised to veto the bill if it reaches his desk.
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The Senate passed on October 1 and the president signed into law October 7, legislation (HR 1624) that amends a provision of the ACA that would have expanded the small group market to include mid-size employers with 51-100 employees beginning on Jan. 1, 2016. The new law now leaves it up to the states to decide whether to force this group of employers within their state into the small group market or keep the small group market capped at those with 50 employees. Moving to the small group market was a concern for employers with 51-100 employees because doing so subjects them to additional ACA benefit requirements and cost-sharing restrictions on small group plans.

The National Institutes of Health (NIH) announced in late September that it would award up to 10 research grants, totaling $7 million in the first year, towards efforts aimed at reducing racial and economic disparities in treating and improving oral health in children. These awards support the Multidisciplinary and Collaborative Research Consortium to Reduce Oral Health Disparities in Children, a new initiative of NIH’s National Institute of Dental and Craniofacial Research (NIDCR).

STATE

New Jersey Governor Chris Christie (R) signed legislation (S 1998) that amends the state’s prescription drug monitoring program (PDMP). The new law requires practitioners to register with the PDMP and submit information to the system if they dispense a drug to a patient. It also allows a limited number of auxiliary staff to access the system on behalf of the doctor. Finally, the new law will require practitioners to run a report on a patient from the PDMP prior to issuing a prescription or dispensing a controlled substance.

North Carolina Governor Pat McCrory (R) signed legislation (H 372) that transforms the state’s Medicaid program by implementing capitated health plans to manage and coordinate care. The agreement is unique in that it seeks to reform the current Medicaid program rather than expand the program as provided by the ACA.

Kentucky has announced it will be offering standalone dental plans in its health insurance exchange. In addition to those seeking to purchase medical plans through the exchange, senior citizens, Medicaid beneficiaries, and those with insurance through other channels will be able to purchase dental plans through the exchange. In other states, dental benefits cannot be purchased without also purchasing a medical plan.

It’s been a busy year in the legislatures. While not all were enacted into law, more than 137,000 bills were introduced this year, 900 of which affected OMS practices. Several of these new state laws will take effect on January 1, 2016. Contact your state OMS or dental society to determine what you may need to do to ensure your compliance!

OMSPAC

Like us on Facebook! OMSPAC recently launched its brand new Facebook page to provide you even more information on OMSPAC and what’s going on in politics! Like us today!

As of September, OMSPAC raised $465,654 in contributions from AAOMS members. Additionally, OMSPAC has contributed $189,700 to federal candidates as of September 30, 2015. For more information about contributions or for a list of candidates who have received contributions from OMSPAC, please visit www.omspac.org.
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OMSVision is truly visionary. For over 10 years, the exclusive partnership between the American Association of Oral and Maxillofacial Surgeons (AAOMS) and OMSVision has delivered the most comprehensive practice management technology on the market today. With OMSVision you will:

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Annual Meeting in Review
Continued from page 1

“Innovations in Orthognathic Surgery,” one of the meeting’s more popular symposia, featured a presentation by Hugo L. Obwegeser, DMD, MD, of Zurich, Switzerland, who recalled with the standing-room-only crowd his introduction of orthognathic surgery to North America in 1966.

Also SRO was the ICD-10-CM coding workshop. With the October 1, 2015 transition to the new diagnostic coding system looming, more than 300 OMSs and their staff attended AAOMS’s final in-person workshop of the year.

SOCIAL MEDIA GURU QUALMAN DELIVERS KEYNOTE ADDRESS

Keynote speaker Erik Qualman wrote the book on the ability of social media to generate positive returns for individuals and businesses, including OMS practices. Qualman’s presentation examined the present and future of such social media institutions as Facebook, Twitter, Reddit and Pinterest and how they are redefining the way OMS practices market themselves. He believes that in the future, rather than engage in lengthy media searches, patients will use these social sites to select the products and services they need.

THE EXHIBITION

No other dental or medical conference in the world brings together so many products, services and types of equipment specifically developed for the oral and maxillofacial surgery practice.

This year more than 200 companies displayed their products and services in the exhibit hall. When not engaged in one of the meeting’s educational programs, attendees seized the opportunity to stroll through the hall and talk to company representatives. AAOMS made it easy to find the time by scheduling extended lunch, including a complimentary attendee lunch on Thursday, and refreshment breaks in the hall.

Five Corporate Forums were held on Wednesday morning and featured the following hosted programs:
Snoasis: Emergence of Amnion Chorion Allografts, Scientific Rationale and Clinical Applications in Dental-Oral Maxillofacial Surgery

Nobel Biocare USA: Guided Full Arch Immediate Implant Reconstruction

Zimmer Biomet: Immediate Implant Placement: Planning for Esthetic Success

Versah, LLC: Implant Stability and Osseointegration Based on Novel Site Preparation Technique Called Osseodensification


Two Product Theaters, hosted by Nexus CMF and Implant Direct International, were also held in the hall during lunch hours on Thursday and Friday.

A number of exhibitors donated prizes for the Exhibit Excursion game played by OMS residents and professional allied staff registrants. Many thanks to the more than 30 companies who donated equipment, complimentary services, gift certificates, and other items valued at more than $30,000 for the prize pool.

The Vegas Venture game, available only to AAOMS fellows and members, was also conducted throughout the exhibition. Congratulations to Dr. Pamela Louise Alberto, who won a valuable grand prize package valued at over $3,800 for the 2016 Annual Meeting in Las Vegas, NV!

continued on page 10
Annual Meeting in Review
Continued from page 9

VIRTUAL EXHIBIT HALL
Stay in touch with your favorite annual meeting exhibitors. Visit the 2015 Virtual Exhibit Hall online at aaoms.org/amVXH for contact and company information.

A SUCCESSFUL PUSH TO SPREAD THE HEALTH
AAOMS partnered with Clean the World® to conduct a ONE Project hygiene kit assembly program in the exhibit hall on Friday and Saturday during exhibition hours. Meeting attendees supported the project by assembling 1,000 hygiene kits that were donated to Southeast Veterans Service Center at the end of the meeting.

AND THE WINNER IS . . .
Congratulations to Dr. David Greenman of Stamford, Connecticut, who won the Post-Meeting Survey drawing! He will receive a complimentary registration to next year’s annual meeting in Las Vegas, Nevada. We look forward to seeing you then, Dr. Greenman!

DON’T FORGET TO CLAIM YOUR CE CREDIT
Visit AAOMS.org/MyCME through January 5, 2016 to complete your session evaluations and receive your continuing education credit. No new entries will be allowed after this date.

Please note: Even if your badge QR code was scanned when you entered the sessions, you still need to complete the session evaluations to claim and record your credit. Questions? Contact the AAOMS Department of Continuing Education at 847/678-6200 or conteducate@aaoms.org.

PHOTOS CAPTURE THE MEMORIES
Professional photographs taken at the annual meeting are available for you to view and purchase on The Photo Group’s Web site at thephotogroup.com using the access code: aaomsgallery15.

SEE YOU NEXT YEAR!
Join AAOMS President Dr. Louis Rafetto September 18–23, 2016, at the beautiful Mandalay Bay Resort and Casino in Las Vegas, NV, for the 98th Annual Meeting, Scientific Sessions & Exhibition. We look forward to seeing you again next year!
OMSGuard™ is the only liability insurance program dedicated to the complex practice of oral and maxillofacial surgery. OMSGuard has three essential components: the OMSGuard Professional Liability Policy, OMSGuard Claims Defense, and the OMSGuard Risk Management Program. Practicing OMS oversee OMSGuard, so you can be confident in our knowledge of the evolving risks faced by each OMS practice. OMSGuard is the standard of excellence in OMS practice protection, and it’s only available from OMSNIC. 800-522-6670

Photo: David Wilson DMD, MD and Pat Ricalde DDS, MD, FACS, oral and maxillofacial surgeons at Florida Craniofacial Institute, Tampa
Scientific posters provided a glimpse into the world of current specialty investigations. Didactic session topics ran the gamut of specialty clinical scope of practice. Clinical courses were supplemented by an array of practice management programs featuring tutelage on everything from effective communication to financial management to marketing and practice building.

2015 Annual Meeting
Oral Abstract and Scientific Poster Winners

The 2015 Annual Meeting oral abstract and scientific poster winners, determined by the Committee on Continuing Education and Professional Development, are as follows:

**ORAL ABSTRACT WINNERS**

**Oral Abstract Track 1:**
*The Impact of Biodegradable Barrier Membrane in Tissue Engineering-Based Reconstruction of Critical-Size Mandibular Defects*

BoonChing Tee, Orthodontics; Brittany Sonnichsen DMD, Oral and Maxillofacial Surgery; Kelly S. Kennedy DDS, MS, Oral and Maxillofacial Surgery; Nathan Andrasik, Orthodontics; Do-Gyoon Kim PhD, Orthodontics; Susan R. Mallery DDS, PhD, Division of Oral and Maxillofacial Pathology and Radiology; and Zongyang Sun DDS, Orthodontics, all from The Ohio State University College of Dentistry; Steven Schwendeman PhD, Pharmaceutical Sciences, University of Michigan, Ann Arbor, MI and Kashappa Goud Desai PhD, Biopharmaceutical Research and Development, GlaxoSmithKline, King of Prussia, PA

**Oral Abstract Track 2:**
*Orthognathic Surgery and Postoperative Antibiotic Use: 1-Day vs. 3-Day Prospective Trial*

Clayton Davis DDS, Oral and Maxillofacial Surgery, and Curtis Gregoire DDS, MD, MSc, FRCD(C), Dalhousie University, Halifax, NS, Canada

**Oral Abstract Track 3:**
*“Same Day Access” Clinic Model: A New Alternative*

Kathleen Masters, Boston University Henry M. Goldman School of Dental Medicine, Boston, MA; Maureen Hilchey Masters RN, Oral and Maxillofacial Surgery, Boston University Medical Center, Boston, MA; Bradford M. Towne DMD, OMFS, Boston University School of Dental Medicine, Boston, MA; Pushkar Mehra BDS, DMD, Oral and Maxillofacial Surgery, Boston University, Boston, MA; and Chad Rebhun DMD, Oral and Maxillofacial Surgery, Boston University Medical Center, Boston, MA

**Oral Abstract Track 4:**
*Comprehensive Genomic Profiling of Aggressive Central Giant Cell Lesion Identifies Targeted Therapy Treatment Option With Subsequent Response*

Brett J. Bezak DMD, MD, Department of Surgery, Division of Oral and Maxillofacial Surgery, Mayo Clinic, Rochester, MN; Julia Elvin MD, PhD, Foundation Medicine, Cambridge, MA; Svetomir Markovic MD, PhD, Mayo Clinic, Rochester, MN; and Christopher F. Viozzi DDS, MD,
Department of Surgery, Division of Oral and Maxillofacial Surgery, Mayo Clinic, Rochester, MN

SCIENTIFIC POSTER WINNERS

Poster 11
Do Autotransplanted Teeth Require Elective Root Canal Therapy?

Author(s): Dr. Linda Murtadha, BDS; Mr. Vinod Patel, BDS(Hons), MFDS RCS Ed, M Oral Sur; and Mr. Jerry Kwok, BDS, FDSRCPs, all of the Oral Surgery Dept, Guys & St Thomas’ NHS Foundation Trust, London, United Kingdom

Poster 15
African Americans in Oral and Maxillofacial Surgery: Factors Affecting Career Choice, Satisfaction and Practice Patterns

Thalia-Rae Criddle, DMD, School of Dentistry, Oregon Health and Science University, Portland, OR; R. Bryan Bell, DDS, MD, FACS, Providence Oral, Head and Neck Cancer Program and Clinic, Providence Cancer Center, Portland, OR; Newton Gordon, DDS, Department of Oral and Maxillofacial Surgery, University of California San Francisco, San Francisco, CA; and Dr. George Blakey III, DDS, Department of Oral and Maxillofacial Surgery, University of North Carolina at Chapel Hill, Chapel Hill, NC

Poster 27
The University of Connecticut Osteonecrosis Numerical Scale (UCONNS): Application to a Retrospective Case Control Study

LisaMarie Di Pasquale, DDS, MD, OMS; Ms. Onyinyechi Esonu, School of Dental Medicine; Denise Ortiz, MPH, Prosthodontics and Operative Dentistry; Pamela Taxel, MD, Endocrinology; and Regina Landesberg, DMD, PhD, OMS, all of the University of Connecticut, Farmington, CT

Poster 39
A 3D Modeling Study of the Intramuscular Course of the Masseteric Nerve

Darya Bikey, DMD, Oral and Maxillofacial Surgery, Faculty of Dentistry; Joel Davies, BPHE, MSc, Division of Anatomy, Department of Surgery; and Eric Ebrahimi, BScH, DDS, Oral and Maxillofacial Surgery, Faculty of Dentistry, all of the University of Toronto, Toronto, ON, Canada; Howard Holmes, DDS, Dip, OMFS, FICD, FACD, FPFA, Oral and Maxillofacial Surgery, Faculty of Dentistry; Bernard Liebgott, DDS, MScD, PhD, Division of Anatomy, Department of Surgery; Anne Agur, BSc, MSc, PhD, Division of Anatomy, Department of Surgery, all of University of Toronto, Toronto, ON, Canada. Alan Hannam, BDS, PhD, FDSRCS, Department of Oral Health Sciences, University of British Columbia, Vancouver, BC, Canada

Poster 4
Clinical Outcome of Jaw-in-a-Day Total Maxillofacial Reconstruction

Pasquale G. Tolomeo, DDS, Oral and Maxillofacial Surgery; Jessica S. Lee, DDS, MA1, Oral and Maxillofacial Surgery; Steven J. Caldron, DDS, MD, Oral and Maxillofacial Surgery; and Jamie P. Levine, MD, Department of Plastic Surgery, all of the New York University Langone Medical Center/ Bellevue Hospital Center, New York, NY. Lawrence Brecht, DDS, Plastic and Reconstructive Surgery, Maxillofacial Prosthodontics, NYU Langone Medical Center, New York, NY. David L. Hirsch, DDS, MD, New York University, New York, NY

E-posters are available for viewing at http://aaoms.scientificposters.com

The Chalmers J. Lyons Memorial Lecture featured a presentation on “Regeneration Strategies for Skeletal Reconstruction.”

Ms. Caitlin Nelson Lloyd sang the Canadian National Anthem at the Opening Ceremony.

“How Numb Lip, Numb Chin, Numb Tongue: What to Do?” was one of two hands-on clinical courses.
The 2015 House of Delegates conducted its three sessions in an accelerated time frame. The business session schedule was revised to allow delegates and alternates more time to participate in educational programs after discharging their duties in the House.

During the first session, delegates acknowledged the 50th anniversaries of the Alabama and Michigan Societies of Oral and Maxillofacial Surgeons.

Delegates also conducted two elections:

- Elected Vincent J. Perciaccante, DDS, to an eight-year term as a director on the American Board of Oral and Maxillofacial Surgery Board of Directors and
- Elected Janice Teplitz, AAOMS associate executive director of Communications and Publications, to honorary fellowship.

President William J. Nelson, DDS, delivered his presidential address to the House, recapping association activities during his term of office. The full text of his address is available at aaoms.org.

During Session II of the House, the delegates turned their attention to the reference committee reports and resolutions.

In major actions, the house:

- Elected 121 candidates to membership/fellowship in the association.
- Changed the name of the Committee on Health Care and Advocacy (CHCA) to the Committee on Health Care Policy, Coding and Reimbursement.
Amended the Bylaws to reduce from three years to one year the term of the AAOMS immediate past president as a member of the Oral and Maxillofacial Surgery Foundation Board. During this year on the Foundation board, the AAOMS immediate past president will serve as a liaison between the two organizations.

Approved a contribution of up to $120,000 from the House Reserve Fund to support the Faculty Educator Development Award (FEDA) in 2017.

Adopted a 2016 operational budget with revenues of $18,192,218 and expenses of $18,841,789.

Session III consisted of election and installation of the 2015–2016 Officers and Trustees. See the sidebar at right for more information.

Further details of the house actions can be found in the Report of the Annual Meeting, available in the member resources section at aaoms.org.

A sold-out crowd took advantage of AAOMS’s last 2015 in-person ICD-10 Coding Workshop on the eve of the new coding system’s October 1 implementation date.

The preconference Anesthesia Update focused on safe and efficient administration of pediatric anesthesia.

AOMS officers and trustees for 2015–2016 were installed during the third session of the House of Delegates on Wednesday morning, September 30. Louis K. Rafetto, DMD, was installed as president; Douglas W. Fain, DDS, MD, FACS, as president-elect; Brett L. Ferguson, DDS, Vice President; Robert C. Rinaldi, PhD, CAE, Secretary/Executive Director. Standing (left to right): A. Thomas Indresano, DMD, District VI Trustee; Vincent E. DiFabio, DDS, MS, District II Trustee; Robert S. Clark, DMD, District III Trustee; Victor L. Nannini, DDS, District I Trustee; B.D. Tiner, DDS, MD, FACS, District V Trustee; Paul M. Lambert, DDS, District IV Trustee.
The meeting dedication opening ceremony and awards presentation was held Wednesday evening. After officially dedicating the meeting to Robert Bruce MacIntosh, DDS, of Bingham Farms, MI, the following individuals were presented awards in recognition of their outstanding achievements and contributions to the specialty.

Please see page 20 for a list of OMS Foundation awardees recognized during the opening ceremony.

Robert V. Walker Distinguished Service Award
James Q. Swift, DDS

Gies Foundation Award
John W. Hudson, DDS

AAOMS Humanitarian Award for Fellows and Members
Timothy S. Bartholomew, DDS

Daniel M. Laskin Award for an Outstanding Predoctoral Educator
Gregory K. Spackman, DDS

Committee Person of the Year Award
Vincent J. Perciaccante, DDS

Clinical Research Award
Edward Ellis, III, DDS, MS

Faculty Educator Development Award (FEDA)
Anthony Morlandt, DDS, MD, University of Alabama

Faculty Educator Development Award (FEDA)
Carlos Ramirez, DDS, MD, St. John Providence Health System

Faculty Educator Development Award (FEDA)
Jayini Thakker, DDS, MD, Loma Linda University

Opening Ceremony Honors Outstanding Achievements

Meeting dedicatee Robert B. MacIntosh, DDS, addressed the audience.

Presidential Achievement Award
R. Dean White, DDS, MS

Presidential Achievement Award
Joseph I. Helman, DMD
You are AAOMS! So come join your colleagues in helping the specialty to shape the future of the nation’s health care system.

Open to all AAOMS fellows, members and residents no matter your previous experience.

Complimentary airfare and one night’s hotel will be available on a first-come, first-serve basis once registration opens in early January for up to 25 AAOMS fellows and members who have not attended Day on the Hill in the past five years.

For more information, please visit the Day on the Hill Web page or contact Ashley Sanislo Casey in the AAOMS Department of Governmental Affairs at 800/822-6637, ext. 4313, or at acasey@aaoms.org.
ASI has your OMS practice covered with a variety of approved programs. Visit aaomsservices.org or call the numbers below to learn more about the unique benefits of each program developed exclusively for AAOMS members.

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(Credit card processing) 888/317-5402

**CareCredit**
(Patient financing) 800/300-3046, ext. 4519

**Healthcare Professional Funding**
(Finance new acquisitions, equipment & more) 855/944-2265

**MEA/NEA FastAttach®**
(Transmit claim attachments electronically) 800/782-5150

**Nuell, Inc.**
(Repair powered dental instruments) 800/829-7694

**Office Depot/Office Max**
(Office supplies & printing) Call ASI at 800/822-6637, ext. 4319 to enroll

**Optum360™**
(Coding Guide for OMS & other coding essentials) 800/464-3649, option 1

**PCIHPPA NEW PROGRAM**
(Free HIPAA Risk Assessment) www.pchippa.com/AAOMS or contact 800/710-6073

**PD-Rx Pharmaceuticals, Inc.**
(Prepackaged medications for in-office dispensing) 800/299-7379

**Scientific Metals**
(Metal refinement) 888/949-0008

**Southern Anesthesia & Surgical, Inc.**
(Pharmaceuticals, surgical supplies & OMS specialty products) 800/624-5926

**StemSave, Inc.**
(Stem cell banking) 877/783-6728

**Transworld Systems, Inc.**
(Receivables management services) 800/294-3710

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Dr. Frank Farbod, Marquette, MI

“
The Meeting’s Social Side

WELCOME RECEPTION FESTIVITIES

A Welcome Reception for all meeting attendees commenced immediately following the opening ceremony on Wednesday evening. It was the perfect time to congratulate awardees, catch up with old friends and make new acquaintances before the meeting began in earnest.

PRESIDENT’S EVENT MADE HEADLINES AT THE NEWSEUM!

More than 950 registrants and their guests gathered at the Newseum for the president’s event honoring AAOMS President William J. Nelson, DDS, and his wife, Michelle. Revelers dined, danced and enjoyed time with friends amid the dynamic, interactive exhibits celebrating the stories of yesterday and today as seen through the eyes of the media.
On September 1, 2015, the OMS Foundation launched its new Annual Fund. Instead of separate initiatives for the REAP (Research and Education Advance Patient care) program and membership, donors can now support the OMS Foundation with gifts to the Annual Fund.

The OMS Foundation’s mission is to invest strategically in opportunities at the forefront of research, patient care, and education.

“Our vision is to transform oral and maxillofacial surgery by facilitating scientific discovery, clinical innovation, and education,” said Dr. Thomas B. Dodson, OMS Foundation Chair.

The OMS Foundation spurs transformation by underwriting innovative research and education proposals that will affect patients’ lives. With proper funding, whether through research grants or educational opportunities, the OMS Foundation can give promising scientists the opportunity for discovery. OMS Foundation-supported researchers have investigated varied topics across the spectrum of oral and maxillofacial surgery including, oral cancer pain, sleep apnea, tissue regeneration, TMJ conditions, reconstructive dentoalveolar surgery, prevention of complications after wisdom tooth surgery, and outcomes of non-operative treatment of wisdom teeth.

“Our specialty has infinite potential to grow on the back of research. We need to create the opportunity.” said Dr. Dodson.

The Annual Fund features new giving levels. As a 501(c)3 organization, gifts to the OMS Foundation are tax deductible. For more information about the Annual Fund, please visit the OMS Foundation Web site at www.omsfoundation.org.

Make your gift online at www.omsfoundation.org/donate.

Annual Fund Giving Levels:
Benefactor: $10,000 – 24,999
Leader: $5,000 – 9,999
Fellow: $2,500 – 4,999
Partner: $1,000 – 2,499
Associate: $200 – 999
Member: $165 – 199
Resident (Residents Only): $50

2015 OMS Foundation Annual Meeting Awards

The OMS Foundation was pleased to present the following awards at the 2015 AAOMS Annual Meeting:
Torch Award: Dr. David E. Frost was the recipient of the 2015 Torch Award, the highest award given by the OMS Foundation. Along with his career in private practice and teaching oral and maxillofacial surgery, Dr. Frost has tirelessly promoted the OMS Foundation’s mission to support research and education in the specialty. He is a former OMS Foundation chairman and currently serves as an OMS Foundation state ambassador for North Carolina. The Torch Award recognizes individuals or organizations who have provided exemplary service to the OMS Foundation.

Research Recognition Award: The 2015 Research Recognition Award was presented to Dr. Timothy Turvey, professor and chairman of the Department of Oral and Maxillofacial Surgery at the UNC School of Dentistry and at UNC Hospitals. He is the co-founder and co-director of the UNC DentoFacial Program and a member of the Craniofacial Center. He lectures in cleft palate, surgical-orthodontics, and craniofacial surgery. Dr. Turvey’s research interests include long-term stability and adaptation to the correction of facial deformities. His work has been published in over 70 books and journal articles. The Research Recognition Award emphasizes the OMS Foundation’s commitment to recognize oral and maxillofacial surgeons who have made outstanding contributions to the specialty through their research.

Gerald E. Hanson Ambassador Service Award: Dr. W. Frederick Stephens, OMS Foundation district chair for District VI, was the recipient of the 2015 Gerald E. Hanson Ambassador Service Award. Not only does Dr. Stephens serve as a leader for ambassadors in the entire district, he works tirelessly in California to raise support for the OMS Foundation. His positive attitude and continuous effort embody the spirit of ambassadors. The Gerald E. Hanson Ambassador Service Award is given to a leader among OMS Foundation ambassadors who has shown outstanding effort in raising support for research and education in our specialty.

Daniel M. Laskin Award: The OMS Foundation Daniel M. Laskin Award is presented annually to the authors of the most outstanding article published in the Journal of Oral and Maxillofacial Surgery from the previous year. The article is selected by the Editorial Board of JOMS. The 2015 OMS Foundation Daniel M. Laskin Award goes to the article titled, “Effect of Quality of Life Measures on the Decision to Remove Third Molars in Subjects With Mild Pericoronitis Symptoms.” The authors of this article are: Drs. Dana T. Tang, Ceib Phillips, William R. Profitt, Lorne D. Koroluk and Raymond P. White.

Congress is working to introduce legislation that would make it easier for providers to electronically exchange patient records and stop healthcare organizations and developers from intentionally interfering with data transfer, a process known as data blocking. After a series of congressional hearings this summer, the Senate Health, Education, Labor, and Pensions Committee has recognized the need to address this issue.

CMS has released two new FAQs providing information on how to continue participation in the federal EHR (Electronic Health Records) Incentive Programs or apply for a hardship exception after switching vendors. The new FAQs address switching vendors and decertified products. For more information, please visit the CMS EHR Web site at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms

If you are not using a secure file transfer, you may face a HIPAA fine. A Massachusetts hospital was recently fined $218K for using a cloud-based file sharing service that violated HIPAA requirements. Although there was no evidence of a breach, the method used for transferring data was deemed risky enough to warrant a fine. Protect yourself and your practice by reviewing your data transfer protocols today. Ensure your staff understands the importance of following these protocols. For more information, contact HHS at 800/368-1019.
As practitioners, we rely heavily on the published results of clinical research to support the reliability of the procedures we use and the new procedures we introduce into our practice. Therefore, it is very important that the information provided in a particular article is accurate. We have been cautioned to be aware of the various forms of bias on the part of authors that may influence their interpretation of data. However, an often neglected consideration is bias on the part of the reader. This so-called reader’s or confirmation bias has been defined as the tendency to search for, interpret or favor information that tends to confirm our beliefs or hypotheses. For example, when we see an article supporting our opinion that open reduction of condylar fractures is better than closed reduction, do we read it as critically as one with the opposite viewpoint? To avoid such bias, we need to read each article as if it were being read by someone with an entirely different perspective. It is important to remember that just because a report is published, even in a prestigious journal, there is no guarantee of its quality.

So, what should we look for when reading a clinical report? Are the aims of the study clearly defined and is there a hypothesis stated? Is the sample size adequate? The larger the sample size, the more likely significant differences may be found. With relatively small sample sizes, it may not be possible to detect differences even though they may actually exist.

Ideally, randomization of subjects and blinding of the investigators should be done to avoid bias. If a control group is included, which is the ideal situation, it is important that this group is similar to the treatment group at baseline.

Sufficient data needs to be provided to support the conclusions derived from the study. A common source of error is that the conclusions of a study are not always a reasonable reflection of the data presented. An important issue in this regard is whether the statistical analysis has been done correctly. Despite the use of a peer review process, there is evidence that a large percentage of published research contains statistical errors. This can place the burden of decision-making on a reader who is unprepared for the task, and speaks strongly for improving the training of our residents in statistics.

The adverse effects of biased reading and misjudging the accuracy of the findings in a clinical research report on proper patient care require that we are always careful readers of the literature. Hopefully, if we approach each article with a skeptical attitude, such situations can be avoided.

“\textit{It is important to remember that just because a report is published, even in a prestigious journal, there is no guarantee of its quality.}”

Daniel M. Laskin, DDS, MS, Editor
January 22-24, 2016
Indian Wells, California (near Palm Springs)
Hyatt Regency Indian Wells Resort & Spa

Join the AAO and the American Association of Oral and Maxillofacial Surgeons for an examination of recent advances in technology and research. Learn from expert presenters on numerous topics including:

- Orthodontic/surgical teamwork: Enhancing planning and outcomes,
- Non-orthognathic vs. orthognathic management of open-bite malocclusions (Point/Counterpoint),
- Distraction osteogenesis vs. classic skeletal movements via orthognathics,
- Advances in 3D orthognathic treatment planning.

Registration is open at aaoinfo.org.
Advanced Beneficiary Notice of Noncoverage

The Advanced Beneficiary Notice (ABN) should be provided to a Medicare patient prior to rendering a service that you have good reason to expect will be denied based on past Medicare denials and local medical review policies, or that the patient’s diagnosis or procedure does not meet the Medicare program standards for medical necessity. For instance, Medicare will often deny benign biopsy diagnoses as not medically necessary. Since the diagnosis will not be known until the pathology report has been returned, providing an ABN prior to the service provides the patient advanced notice that they may be financially responsible in the event pathology comes back as benign and Medicare denies the claim as not medically necessary.

An ABN allows the patient to make an informed decision about whether to proceed with a service or procedure for which he or she may be personally financially responsible. Claims for such services may be submitted with the HCPCS modifier “GA” (“waiver of liability statement issued as required by payer policy”). If the service is denied and a signed ABN is not on file, the doctor may not hold the patient responsible for payment.

While Medicare does not require them for statutorily excluded services, ABNs may be used to voluntarily let the patient know prior to rendering an excluded service that Medicare will not cover it. Such claims would be submitted with a “GY” modifier (“item or service statutorily excluded, does not meet the definition of any Medicare benefit”).

Medicare does not require the submission of claims for non-covered services, such as dental care, cosmetic surgery, preventive medicine and routine physical examinations. However, if the patient believes that a service may be covered, requests that a claim be submitted, or wishes to receive a formal Medicare determination for consideration by a supplemental insurance, a claim for the non-covered service must be submitted with this modifier. The modifier “GX” (“notice of liability issued, voluntary under payer policy”) may be reported in combination with “GY.”

The patient should re-sign the ABN when there is a change in the course of treatment as outlined on the original ABN; for instance, when there is a reduction of services (frequency or duration) or when a patient wants to continue receiving care that is no longer medically necessary.

There may be instances in which the service to be rendered is expected to be denied, but a signed ABN was not obtained because the patient refused to sign it. In this case, the doctor may choose to not render the service unless the health and safety of the patient is at risk. Should a patient present with a medical emergency to which EMTALA (Emergency Medical Treatment and Labor Act) provisions apply and an ABN could not have been provided prior to treatment, a claim may be submitted to Medicare. The modifier “GZ” should be included on the claim form to indicate “item or service expected to be denied as not reasonable and necessary,” although even in this situation Medicare will most likely deny payment.

Medicare does not require separate ABNs when multiple providers are involved, for example, when performing a biopsy and referring the specimen to a pathologist. In these cases, the OMS may list the name(s) of the other provider(s) in addition to his/her name as long as the patient can clearly identify who to contact for billing questions. Listing the others will assist those providers in receiving Medicare reimbursement since they may not be in a position to obtain an ABN directly from the patient. They may then submit claims utilizing the same modifiers as the surgeon.

continued on page 26
Your patients expect from you precisely what you expect from us.

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- Disability Buy/Sell
- Long-Term Care Planning
- Business Overhead Expense Insurance
- Auto/Home

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With you at every stage of your career. From residency through retirement.
Enhance Your Practice and Promote Your Specialty

Did you know you may now download the informational campaign videos and other materials at AAOMS.org for use on your practice Web sites and social media?

Here’s how:

1. Click on the “Member Center” and log in with your member ID.
2. Explore the “Downloadable Media” section in the Member Center.
3. Click on patient education videos or information and materials. Choose from:
   - Patient education videos such as dental implant surgery, wisdom teeth management, anesthesia administration, and more;
   - Informational material such as the safe use and disposal of prescription medications; and
   - An informational campaign branded graphic you can use to connect your referring dentists and patients to the MyOMS.org public Web site.
4. Select the video or material that interests you and click to download.

Health Policy

Continued from page 24

It is illegal to indiscriminately use the ABN. Generic ABNs that simply state “Medicare will likely deny this service” are also unacceptable. The ABN should be provided when there is a specific and good reason to believe the service will be denied. That reason should be indicated on the notice.

Before electing not to obtain a signed ABN or submit a claim to Medicare, make certain the service is statutorily excluded. If you charge a patient your standard fee for services that are, in fact, covered, you may be charged with violating Medicare policy and risk penalties or exclusion from Medicare and other federal health programs.

To download a copy of the ABN and complete instructions for use, visit the Beneficiary Notices Section of the CMS Web site at https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/ABN-Form-Instructions.pdf. Additional information is available in the CMS Medicare Learning Network’s “Advanced Beneficiary Notice of Noncoverage (ABN)” booklet, which discusses when providers should use an ABN, ABN policies, how to properly complete an ABN and ABN modifiers. This booklet can be found at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/abn_booklet_icn006266.pdf.

LOCAL COVERAGE DECISIONS (LCD)

Medicare has made it easier to determine whether a procedure is a covered Medicare benefit by posting national and local coverage policies on the CMS Web site. The Medicare Coverage Database allows a search for local and national policy by CPT code or by keyword. Local and National Coverage Determinations (LCDs and NCDs) are available at www.cms.hhs.gov/mcd or if you wish you may contact the contractor to request a copy of their LCD. It is important to review your Medicare carrier’s policies as interpretations of Medicare policy may vary from state to state. For example, some carriers will reimburse for the removal of tori, while others consider it an excluded service.
Pharmaceutical LIFEcycle SERVICES

From the time of purchase, through documenting drug administration, to any required destruction of pharmaceuticals, SAS has the services and tools to keep your practice fully in compliance with DEA and DQSA guidelines and regulations.

DEA COMPLIANCE TRAINING

SAS now offers online access to compliance training videos and a compliance policy template with the purchase of an annual subscription.

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In order to maintain DEA compliance, your practice must follow a DEA approved disposal policy.

DQSA/DSCSA

SAS is providing, FREE OF CHARGE, a portal granting access to the DQSA required information through Tracelink (tracelink.com).

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The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which was signed into law on April 16, 2015, permanently repeals the sustainable growth rate (SGR) formula and stabilizes Medicare payments for physician services, with positive updates from July 1, 2015 through the end of 2019, and again in 2026 and beyond. In addition, MACRA consolidates Medicare’s current quality reporting programs, such as the Physician Quality Reporting System (PQRS) and Meaningful Use, into a single program—the Merit-Based Incentive Payment System (MIPS). Lastly, the bill supports the current 10-day and 90-day global periods for surgical service codes that Medicare had planned to unbundle.

Set to begin in 2019, MIPS is a new payment mechanism that will provide physicians with annual updates based on performance in four categories: quality, resource use, clinical practice improvement activities and meaningful use of an electronic health record system. These performance categories will be used with additional factors to determine a single composite score for each eligible professional (EP). EPs who achieve a composite score above the performance threshold earn incentive payments. Those who do not successfully perform will receive penalties similar to those associated with the existing quality programs. The MIPS program will replace existing incentive programs and eliminate their associated penalties.

Also this year, the CMS collaborated with the AMA to offer a 12-month transition period to assist those doctors who do not feel prepared to make the change to ICD-10-CM. During this transition, Medicare will not deny claims reported with the incorrect ICD-10-CM code if the code is valid and from the same family as the correct code. Please note, this grace period only applies to Medicare. Third party payers may not provide a grace period.

CODING RESOURCES

AAOMS continues to educate fellows and members about the ICD-10 implementation with in-person and online courses and Webinars, as well as a number of articles appearing on the AAOMS Web site and in the AAOMS Today newsletter. Additionally, AAOMS offers the ICD-9 to ICD-10-CM Reference Card, a two-sided, laminated chart that lists and compares some of the most commonly used OMS-related codes in the ICD-9-CM diagnosis coding system with their counterparts in the ICD-10-CM system. The ICD-10-CM Reference Card is available for purchase from the AAOMS e-Store and product catalogue.

AAOMS’s popular Beyond the Basics coding workshop is offered three times a year in different locations around the country. This year the course was offered in Nashville, TN, Washington DC, and Denver, CO. The Beyond the Basics course has been revised to include new material that explains key healthcare reimbursement issues, the Health Insurance Portability and Accountability Act (HIPAA), and provides an overview of health reform and fraud and abuse. In addition to the new material, the Beyond the Basics offers a clear understanding of the anesthesia guidelines for coding anesthesia services, and clinical case studies to code OMS-specific procedures such as fractures and biopsies. The course also describes the relationship of coding to third-party reimbursement, and much more. Beginning in 2016, AAOMS will no longer offer the Advanced Coding Online course. The information from the Advanced Online course has been incorporated into the Beyond the Basics course.

AAOMS’s Basic coding course, Medical Terminology and Oral Facial Anatomy 101, OMS Billing, and Medicare 101 courses are available as online education only. The online ICD-10-CM coding
course provides the same content as the in-person course but, as an online program it is even more accessible to AAOMS members and staff.

AAOMS continues to monitor health policy trends and regulatory compliance issues. There have been several federal regulations and initiatives stemming from the Affordable Care Act, such as Insurance Exchanges, ICD-10-CM implementation, and the CMS incentive programs. In 2015, CMS began enforcing penalties. As a result, some OMSs who did not successfully report measures for the PQRS program in 2013 received notices of payment reductions on their Medicare Fee Schedule. For more information on the incentive programs and their payment reductions, please visit the AAOMS Web site at http://www.aaoms.org/practice-resources/coding-reimbursements/information-material/medicare/summary-of-medicares-physician-quality-reporting-system-pqrs.

AAOMS partners with CECity to offer the PQRSwizard, an online portal customized for the specialty that allows members and their staff to submit eligible quality measures directly to CMS.

At AAOMS’s request, KNG Health Consulting, LLC, conducted a member survey to collect accurate data on current practice costs. While the association has never collected this information before, we believe the data will:

- Provide evidence to support appropriate reimbursement rates for OMS services;
- Enable members to benchmark their practice expenses; and
- Identify opportunities for efficiency gains.

AAOMS continues to offer the following Webinars, which were developed and presented in 2015:

- **March 4, 2015: Understanding ICD-10-PCS** – Explains the ICD-10-PCS code set with instruction on proper documentation.
- **April 29, 2015: Unlocking Claim Confusion: The Key is Proper Documentation to Get That Claim Processed—What Works and What Doesn’t** – Explains how to submit complete and accurate claims for faster processing, and reduce resubmissions that delay adjudication and increase staff frustration.
- **October 21, 2015: Quality Performance Measures and Incentives in the OMS Practice: Improve Patient Care and Avoid Payment Reductions** – Differentiates between quality measures and the tools physicians use to achieve those measures.

For information on purchasing audio recordings and/or MP3’s of these Webinars, visit the AAOMS Web site at www.aaoms.org.

Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided to you in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, you need to consult your own professional advisers.

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**MEMBERSHIP MINUTE**

**WELCOME NEW FELLOWS AND MEMBERS**

**Congratulations to New AAOMS Fellows and Members.**

The 2015 House of Delegates elected 121 candidates to fellowship or membership and another 174 to provisional fellowship or membership. Additionally, 82 provisional fellows and members who completed the required anesthesia evaluation were transferred to full membership. Allied Staff membership in the association remains strong. More than 1,200 professional allied staff have been sponsored by current AAOMS fellows, members and candidates.

AAOMS also welcomed 136 fellows and members to life fellowship or membership. Life status is awarded to those fellows and members who have completed 30 years of dues-paying membership and have reached the age of 65, or who have completed 35 years of membership, regardless of their age. Years as a candidate, resident or as a retired member do not accrue toward life membership.

The AAOMS thanks all fellows and members for their continued support of the association and the practice of oral and maxillofacial surgery.

continued on page 30
Three New OMSKU V Chapters to Be Released

New OMSKU V chapters on facial reconstruction, patient assessment and cosmetic surgery will soon be available! Look for additional chapters on orthognathic surgery and trauma to be completed in the near future. With each chapter offering up to 10 CDE/CME credits, OMSKU V is the perfect way to earn CE credits on the go, before the end of the year! Visit www.aaoms.org/omsku to preview and purchase.

2016 Annual Meeting

MORS/AM Abstract Submission

Online applications will be accepted for 2016 Annual Meeting oral abstract and poster sessions, and for the preconference program on Maxillofacial Oncology and Reconstructive Surgery, beginning in December. Visit www.aaoms.org/speakers to access the application. The submission deadline is March 14, 2016.

“How I Do It” Submissions

Consider submitting a “How I Do It” application for the 2016 Annual Meeting module programs on dental implants and obstructive sleep apnea. How I Do Its” are short, to-the-point presentations on how individuals perform a particular procedure. Applications for these presentations are available at www.aaoms.org/speakers.
DR. DEBES CHRONICLES HISTORY OF UTH OMS TRAINING PROGRAM

Robert R. Debes, DDS, one of the most senior alumni of the University of Texas at Houston (UTH) training program in oral and maxillofacial surgery, and a current member of the faculty, has written two books describing the 65-year history of the department with the assistance of Donald Butler, DDS, a former faculty member. The first, entitled *Looking Back*, covers the first 50 years of the program, from 1949 to 1999. The second, *Oral and Maxillofacial Surgery at the University of Texas School of Dentistry at Houston, 2000-2015*, continues the narrative.

By recounting the training and careers of many of the residents and faculty, the first volume documents the manner in which most oral and maxillofacial surgeons were trained before the inception of formal residency programs. The second volume describes many of the challenges facing training programs in the 21st century and how they are being addressed by the program. A complete registry of all residents and faculty is included in each volume.

DR. GHALI INDUCTED INTO ROYAL COLLEGE OF SURGEONS OF EDINBURGH

GE Ghali, DDS, MD, FACS, FRCS(Ed), was inducted into the Royal College of Surgeons of Edinburgh during a diploma ceremony in Scotland in October. Dr. Ghali is Gamble Professor and chairman, oral and maxillofacial surgery, craniofacial and cleft surgery, and head and neck surgery, LSU School of Medicine, Shreveport, Louisiana.

DR. GUTTU APPOINTED ADJUNCT PROFESSOR OF ORAL AND MAXILLOFACIAL SURGERY

Ronald Guttu, DDS, MSD, Beloit, WI, has been appointed to a two-year term as adjunct professor of Oral and Maxillofacial Surgery at the University of Technology, Jamaica.

DR. SOLON KAO NAMED GRU 2015 OUTSTANDING FACULTY MEMBER

Solon Kao, DDS, assistant professor in the Department of Oral and Maxillofacial Surgery, at Georgia Regents University College of Dental Medicine, has been selected the College of Dental Medicine 2015 Outstanding Faculty Member.

Dr. Kao serves as the Assistant OMFS Program Director and also directs the pre-doctoral Local Anesthesia course. Nominated by the Class of 2015 and Chief Resident David Bundy on behalf of the OMFS residents, he was praised for making the learning of difficult didactic and clinical material fun. Students described Dr. Kao as “awesome,” “amazing,” “passionate,” “realistic,” and an “asset to the College of Dental Medicine.” Dr. Kao received his award at the University Senate Spring Faculty Assembly.

DR. KOLOKYTHAS NAMED NEW EIOH ORAL AND MAXILLOFACIAL SURGERY CHAIR

Antonia Kolokythas, DDS, MSc, has been appointed chair of Oral and Maxillofacial Surgery at Eastman Institute for Oral Health, part of University of Rochester Medical Center.

DR. TROULIS NAMED MASS GENERAL CHIEF OF OMS

Maria J. Troulis, DDS, has been named chief of the Massachusetts General Hospital (MGH) Department of Oral and Maxillofacial Surgery (OMFS). She also will serve as the next Walter C. Guralnick Professor and chair of Oral and Maxillofacial Surgery at Harvard School of Dental Medicine (HSDM).
Team-building expert Dave Weber delivered a thought-provoking presentation on how to achieve personal and professional goals while embracing change and exploring other avenues in a practice, during “The X Factor: 12 Keys to Set Your Practice Apart,” the April 2015 Practice Management Stand-Alone program. The successful program focused on implementing creative options with coworkers and the day-to-day roles of each employee in the practice.

AAOMS hosted a practice management-related Webinar in September that considered HIPAA’s Omnibus Rule and the recent changes in legislation governing patient data. The Webinar stressed the need for healthcare practices to implement proper safeguards that protect patient health information. Audio recordings of “Protecting Your Practice: Is Your Office Technology Putting You at Risk?” are available for purchase at www.krm.com/aaoms.

Professional allied staff courses in 2015 included two Anesthesia Assistant Review Courses (AARC), the Advanced Protocols for Medical Emergencies (APME), the Anesthesia Assistant Skills Lab (AASL), and the year-round Dental Anesthesia Assistant National Certification Examination program (DAANCE), the two-part, self-study certification program exclusively for oral and maxillofacial surgery assistants or assistants employed by other dental professionals who hold valid anesthesia permits. For DAANCE program requirements and details, including answers to frequently asked questions, visit aaoms.org/daance.

The new On-Line Anesthesia Review for Dental Anesthesia Assistants is a continuing education course that focuses on the principles of anesthesia administration and provides a condensed version of the in-person Anesthesia Assistants Review Course. Course registrations have been steady since the program’s launch in April 2015, and participant evaluations have been overwhelmingly positive.

**ANNUAL MEETING PRACTICE MANAGEMENT AND PROFESSIONAL ALLIED STAFF COURSES**

Now in its third year, the Practice Management and Allied Staff Day Pass allowed practice managers and staff attendees to go to as many annual meeting sessions as their schedules permitted. In all, 33 practice management and professional allied staff courses were offered at this year’s meeting, with noted speakers such as Judy Kay Mausolf, Lois Banta and JoAn Major presenting on such topics as “Communications Solutions – Attitudes, Breakdowns & Conflict Resolution,” “Total Team Concept for Effective Scheduling,” and “Creating the Win-Win Relationship With Implants for the OMS.”

The Anesthesia Assistant Skills Lab was offered three times in 2015: twice at the annual meeting in Washington, DC, and once at the Dental Implant Conference in Chicago, Illinois. This popular course will be offered again in 2016 at the AAOMS Annual Meeting and the Dental Implant Conference.

For the latest information about all upcoming practice management and allied staff courses, visit the meetings and continuing education section at aaoms.org.

**SPECIAL COMMITTEE ON EVOLVING PRACTICE MODELS IN ORAL AND MAXILLOFACIAL SURGERY**

The AAOMS Special Committee on Evolving Practice Models (SCEPM) was established this year to monitor innovative and evolving practice models that may affect the specialty of oral and maxillofacial surgery. The special committee will also assess dental service organizations and accountable care organizations and their possible impact on the specialty.
Faculty Positions

ALABAMA:
The University of Alabama at Birmingham School of Dentistry is accepting applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience and approved through the standard processes of the University of Alabama at Birmingham and the School of Dentistry. This position will be tenure earning. Major responsibilities include didactic and clinical teaching at the pre- and postdoctoral levels, patient care and research. This position is mainly clinical and the candidate should have an interest in major OMS surgery with a desire to teach residents. Fellowship training in head and neck oncology is required. The University of Alabama at Birmingham is a large Level 1 trauma and teaching hospital. The University of Alabama at Birmingham School of Dentistry has a high patient volume with many dental specialties and research opportunities. The UAB Department of Oral and Maxillofacial Surgery is a clinical department within the University of Alabama Hospital and School of Dentistry. Candidates must be eligible to acquire a license to practice dentistry and medicine in the State of Alabama. The anticipated start date of this position is July 1, 2016. Individuals interested in this career opportunity should send an e-mail, curriculum vitae and three letters of recommendation to pwaite@uab.edu; Peter D. Waite, MPH, DDS, MD, professor and chair, Department of Oral and Maxillofacial Surgery, University of Alabama at Birmingham, 1919 7th Avenue South, SDB 419, Birmingham, AL 35294. All candidates will be reviewed by the search committee. A pre-employment background investigation is performed on candidates selected for employment. UAB is an equal opportunity/affirmative action employer committed to fostering a diverse, equitable and family-friendly environment in which all faculty and staff can excel and achieve work/life balance irrespective of race, national origin, age, genetic or family medical history, gender, faith, gender identity and expression as well as sexual orientation. UAB also encourages applications from individuals with disabilities and veterans.

DISTRICT OF COLUMBIA:
The Department of OMS at Howard University College of Dentistry is seeking applications for a full-time tenure track or clinical track position at the assistant/associate professor level. The applicant must have a DDS/DMD degree, be a diplomate of the American Board of Oral and Maxillofacial Surgery at the assistant or associate professor level. Candidates must have successfully completed advanced training in oral and maxillofacial surgery and be eligible for licensure in the District of Columbia. Applicants must be eligible to practice dentistry and medicine in the Federal District of Columbia. Applicants must be responsible for obtaining and maintaining a valid medical license within the jurisdiction for which they are licensed to practice. The candidate must be an active member of the Howard University College of Dentistry. The position is a full-time, tenure-eligible position. UAB is an equal opportunity employer and strongly encourages applications from minorities and women.

DISTRICT OF COLUMBIA:
Howard University Hospital College of Dentistry is actively recruiting a director of residency training in the Department of Oral and Maxillofacial Surgery at Howard University College of Dentistry. This position is at the assistant or associate professor level. Candidates must have a DDS/DMD degree, be a diplomate of the American Board of Oral and Maxillofacial Surgery and be eligible for licensure in the District of Columbia. The college is affiliated with Howard University Hospital, one of the three Level 1 trauma centers in the diverse and metropolitan city of Washington, DC. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students and participate in professional collaboration and leadership development activities. Flexibility and commitment to program goals, office staff and faculty management, and high standards of ethical and professional conduct are necessary characteristics of the right candidate. Salary and rank are commensurate with experience. Please send a letter of inquiry, curriculum vitae, and names of three references to Dr. Andrea Bonnick, DDS, program director, Oral and Maxillofacial Surgery Training Program, Howard University Hospital, 2041 Georgia Ave., Suite 2066, Washington, DC 20060. Upon offer of employment, successful applicants for this position must undergo a national background check and pre-employment drug screen as required by Howard University. Howard University is an equal opportunity employer and strongly encourages applications from minorities and women.

GEORGIA:
The Division of Oral and Maxillofacial Surgery at the Emory University School of Medicine, is seeking applicants for a full-time faculty position at the assistant or associate professor level. The applicant must have a DDS/DMD degree, be a diplomate of the American Board of Oral and Maxillofacial Surgery and be eligible for licensure in the State of Georgia. Applicants must be eligible to practice dentistry and medicine in the State of Georgia. The anticipated start date of this position is July 1, 2016. Individuals interested in this career opportunity should send an e-mail, curriculum vitae and three letters of recommendation to Dr. Dexter Woods, chair and program director, Howard University College of Dentistry, 600 W. Street, Washington, DC 20001. Upon offer of employment, successful applicants for this position must undergo a national background check and pre-employment drug screen as required by Howard University. Howard University is an equal opportunity employer and strongly encourages applications from minorities and women.

Independent research and scholarly activity are expected and collaboration with other faculty in both research and teaching is strongly encouraged. Academic rank and salary are commensurate with experience and qualifications. Send a letter of inquiry, curriculum vitae and names of three references to Dr. Andrea Bonnick, DDS, program director, Oral and Maxillofacial Surgery Training Program, Howard University Hospital, 2041 Georgia Ave., Suite 2066, Washington, DC 20060. Upon offer of employment, successful applicants for this position must undergo a national background check and pre-employment drug screen as required by Howard University. Howard University is an equal opportunity employer and strongly encourages applications from minorities and women.
or candidates for board certification. Responsibilities will include patient care, supervision of residents at Emory Healthcare, Grady Memorial Hospital, a Level I trauma center, and Children’s Healthcare of Atlanta. Pursuit of scholarly activities will also be required. Salary and academic rank are to be commensurate with experience and qualifications. Please send a letter of intent, curriculum vitae, and the names of three references to: Steven Roser, DMD, MD, FACS, chief, Division of Oral and Maxillofacial Surgery, Department of Surgery, Emory University School of Medicine, 1365 Clifton Road NE, Building B, Suite 2300, Atlanta, Georgia 30322. Applications will be accepted until the position is filled. Emory University is an equal opportunity employer and encourages applications from minorities and women.

ILLINOIS (CHICAGO):

The Department of Oral and Maxillofacial Surgery in the College of Dentistry at the University of Illinois at Chicago is seeking applications for several full-time, 12-month, tenure-track, faculty positions at the rank of assistant professor. Salary and rank will be commensurate with experience. Applicants must be board-certified/active candidates for certification and have a CODA-accredited DDS or DMD degree, preferably an MD degree, and be eligible for licensure in Illinois. Completion of a full-scope oral and maxillofacial surgery residency program, with additional fellowship training, and advanced research experience are desirable. Responsibilities include resident and dental student training and education, participation in an intramural practice, professional service, and scholarly activity, including basic and clinical research. For fullest consideration, applicants should submit a letter of intent, a current curriculum vitae, and the names of three professional references to http://jobs.uic.edu/job-board/job-details?jobID=47421 by December 15, 2015. Inquiries regarding this position may be addressed to: Michael Miloro, DMD, MD, Search Committee chairperson, University of Illinois at Chicago, Department of Oral and Maxillofacial Surgery, College of Dentistry MC 835, 801 S. Paulina St., Chicago, IL 60612, Phone: 312/996-1052, e-mail: mmiloro@uic.edu. The University of Illinois is an affirmative action/equal opportunity employer. The College encourages applications from minorities, women, and persons with disabilities are encouraged to apply. The University of Illinois may conduct background checks on all job candidates upon acceptance of a contingent offer. Background checks will be performed in compliance with the fair credit reporting act.

ILLINOIS:

Southern Illinois University School of Dental Medicine is seeking applications for a full-time tenure or clinical-track position at the assistant/associate professor level in the Department of Applied Dental Medicine, section of oral and maxillofacial surgery. Responsibilities include didactic and clinical teaching in the predoctoral program, with some teaching responsibilities for residents in the AEGD, periodontics and implant programs, and service to the university. For tenure-track appointments, independent research and scholarly activity are also expected. Collaboration with other faculty, both in research and teaching, is strongly encouraged. A DMD/DDS degree or equivalent, completed accredited oral and maxillofacial surgery residency, board certification or active candidate for certification are required. Previous teaching experience and/or a record of research accomplishment through publication and external funding are desirable. Applicants must be eligible for licensure in Illinois. Academic rank and salary are commensurate with experience and qualifications. Opportunity for extramural private practice is available. SIU/SDM’s suburban campus is located in the St. Louis metropolitan area. Send a letter of intent, curriculum vitae, and three letters of reference to Dr. Bruce Rotter, dean, Southern Illinois University, School of Dental Medicine, 2800 College Avenue, Alton, Illinois 62002. For further information, contact Dr. Dwight McLeod, chair, at dmcleod@siue.edu. Review of applications will begin immediately and continue until the position is filled. SIU/SDM is an EOE/AA employer committed to diversity in education and employment. SIU/SDM is a state university – benefits under state-sponsored plans may not be available to holders of F-1 or J-1 visas.

LOUISIANA (NEW ORLEANS):

The Department of Oral and Maxillofacial Surgery at Louisiana State University Health Sciences Center in New Orleans is seeking applicants for two full-time positions at the assistant or associate professor level. Responsibilities will include education of undergraduates and residents as well as research in this very busy and expanding program. The faculty participates in a faculty practice supported by the LSU Healthcare Network. The program is an integrated 6-year residency that currently has 32 residents, 9 full-time faculty, and 16 part-time faculty working in both New Orleans and Baton Rouge. The facilities are state-of-the-art with a new 1.5 million square foot Level 1 trauma center hospital in New Orleans and a progressive private partner hospital in Baton Rouge. The current staff boasts 6 fellowship-trained faculty who practice the fullest scope of OMS. Minimum qualifications include a DDS/DMD and MD degrees from accredited US or Canadian schools, completed residency training in oral and maxillofacial surgery from an accredited program, and ABOMS certification or active candidacy for certification. Applicants should also be eligible for licensure in Louisiana. Competitive salary with benefits and academic rank are commensurate with experience and qualifications. Applicants should submit via e-mail a letter of intent and current curriculum vitae to John P. Neary, MD, DDS, FACS, Department of OMS, LSUHSC–New Orleans to e-mail: majaco2@lsuhsc.edu. LSUHSC is an EEO/AA employer for females, minorities, individuals with disabilities and protected veterans (Job #930).

MASSACHUSETTS:

The Department of Oral and Maxillofacial Surgery at the Boston University Henry M. Goldman School of Dental Medicine and Boston University Medical Center invites applications for a full-time faculty position to augment its oncological surgery services. This position requires graduation in oral and maxillofacial surgery from an ADA-accredited program and formal, fellowship training in oncological and microvascular surgery. Applicants must be eligible for independent, full medical and/or dental licensure in the Commonwealth of
Massachusetts and be board certified or active candidates for certification. The department has an expanded scope training program and enrolls four residents per year. Responsibilities will include resident and dental student education, scholarly activity, and participation in the intramural faculty practice. Multiple opportunities for research are readily available on campus. A competitive salary and generous benefits package, commensurate with experience and qualifications is available. Interested candidates should submit a letter of interest including career goals, curriculum vitae, and three professional reference letters to: Pushkar Mehra, DMD, chairman, Oral and Maxillofacial Surgery, 100 E. Newton Street, Suite G–407, Boston, MA 02118, or e-mail: pmehra@bu.edu. Boston University is an equal opportunity employer and encourages applications from minorities and women.

NEW JERSEY:
Rutgers School of Dental Medicine, The Department of Oral and Maxillofacial Surgery is searching for a full-time surgeon at the rank of assistant/associate professor. Responsibilities will involve startup of an extramural practice site at the New Brunswick campus to include predoctoral education, scholarly activities and development of an intramural faculty practice. Successful candidate will be expected to establish an active clinical practice to eventually support a resident rotation. It is expected that this faculty member will apply for privileges at the adjoining medical centers and participate with the on-call rotation. Requirements for this position include dental degree and surgical training from a CODA-approved residency training program and ABOMS certification or an active candidate for board certification. The candidate must be licensed to practice dentistry in New Jersey. Position will remain open until filled. Salary and rank will be commensurate with experience. Rutgers School of Dental Medicine is a component of Rutgers, The State University of New Jersey and is located on the Newark Campus of Rutgers Biomedical and Health Sciences Division, along with the Rutgers Medical School, the Graduate School of Biomedical Sciences, the School of Health Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an affirmative action/equal opportunity employer. All final candidates will be required to successfully pass a criminal background check prior to beginning employment. Interested candidates should submit a letter of intent including references and curriculum vitae to: Vincent B. Ziccardi, DDS, MD, FACS, professor, chair and residency director, Department of Oral and Maxillofacial Surgery, 110 Bergen Street, Room B–854, Newark, NJ 07103–2400; phone: 973/972–7462 or e-mail: ziccardvb@sdm.rutgers.edu.

NORTH CAROLINA:
The Department of Oral and Maxillofacial Surgery at University of North Carolina School of Dentistry is recruiting for a clinical or tenure track assistant or associate professor. Candidates must have a Doctor of Dental Surgery (DDS), Doctor of Dental Medicine (DMD), Doctor of Medicine (MD) or equivalent degree and be board certified or an active candidate for certification as a diplomat of the American Board of Oral and Maxillofacial Surgery. An MD degree is preferred. The principle focus of this position is cleft and craniofacial surgery and the candidate is expected to participate at the UNC Craniofacial Center. Fellowship training in cleft and craniofacial surgery is required. Responsibilities include didactic and clinical instruction for residents and dental students as well as participation in the dental faculty practice. Maxillofacial call coverage at UNC Hospitals is required. A past record of scholarly activity is desirable and the pursuit of scholarly activity is expected. Numerous opportunities for collaboration exist within the dental school and the entire university. Applications will be accepted and reviewed until the position is filled. Please provide a current curriculum vitae, statement of current and future research interests, and names and full contact information for at least three professional references. Track, rank, and salary will be commensurate with experience and education. Questions should be directed to: Dr. George Blakey, UNC Department of Maxillofacial Surgery, phone: 919/537–3944, E-mail: george_blakey@unc.edu. Interested candidates should apply online at: http://unc.peopleadmin.com/postings/79695. The UNC-Chapel Hill is an equal opportunity employer, including protected veterans and individuals with disabilities.

OHIO:
The University of Cincinnati is currently seeking an oral and maxillofacial surgeon for a full-time non-tenure track position. Responsible for clinical, research and teaching activities of oral and maxillofacial surgery residents. Patient care responsibilities include diagnosis of problems of the oral and maxillofacial regions and performing surgery for maxillofacial trauma, orthognathic surgery, TMJ disorders, dental implants, pathology of the jaws, ambulatory anesthesia and dentoalveolar surgery. Plan, direct and coordinate research activities. Participate in operating room and ward teaching, and advise, train and direct activities of surgical trainees and medical students. Minimum qualifications: DDS or DMD; completion of a four-year CODA-accredited residency in oral and maxillofacial surgery, board certification by the American Board of Oral and Maxillofacial Surgery by time of appointment, licensure by Ohio Dental Board by time of appointment. Apply online at www.jobsatuc.com. Review of CVs will commence upon application. For additional information, contact Robert Marciani, MD, professor and division director, Oral and Maxillofacial Surgery, Department of Surgery, Attn: Julie Valente, University of Cincinnati College of Medicine, 231 Albert Sabin Way, P.O. Box 67058, Cincinnati, Ohio 45267–058. The University of Cincinnati is an affirmative action/equal opportunity employer.

PENNSYLVANIA (PHILADELPHIA):
Thomas Jefferson University Hospital, Department of Oral and Maxillofacial Surgery is seeking applications for a full-time faculty position. The full-time position is available at the assistant or associate professor level. Candidates must be board certified or active candidates for board certification and a graduate of an American or Canadian ADA-accredited dental school. Thomas Jefferson University Hospital, Department of Oral and Maxillofacial Surgery Residency Program is fully accredited by the ADA. The position is salaried with a generous benefit and retirement program. Interested candidates should send a letter of interest and curriculum vitae, to: Dr. Robert J. Diecidue, chairman and Dr. Daniel Taub, program director, Thomas Jefferson University Hospital, Department of Oral and Maxillofacial Surgery, 909 Walnut St., Suite 300, Philadelphia, PA 19107–5211.
CLASSIFIEDS
Nov/Dec 2015 (continued)

e-mail: robert.diecidue@jeffersonhospital.org and daniel.taub@jefferson.edu. Thomas Jefferson University Hospital is an equal opportunity employer.

SOUTH CAROLINA:
The Medical University of South Carolina (MUSC) James B. Edwards College of Dental Medicine in Charleston, SC is currently seeking outstanding applicants for a full-time position at the rank of assistant/associate professor for the Department of Oral and Maxillofacial Surgery. This position entails responsibilities in both predoctoral and postdoctoral programs of the department and as the graduate residency program director. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, participation in research programs and other collaborative activities within the MUSC community. Requires a DDS/DMD degree from a CODA-accredited US or Canadian dental school, completion of a CODA-approved oral and maxillofacial surgery residency program, board certification or active candidacy for board certification, eligibility for South Carolina dental license and post-offer health assessment. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students, and participate in professional collaboration and leadership development activities. Candidate needs to possess excellent interpersonal and communication skills in order to relate to groups at all levels within the organization, including office staff, faculty, senior leadership; must display initiative, a positive attitude, flexibility and commitment to department goals and objectives. Must be committed to the highest standards of ethical and professional conduct. Salary and academic rank will be commensurate with qualifications and experience. Open until filled. MUSC is an equal opportunity employer and encourages applications from minorities and women. Please forward a letter of intent, CV and contact information for three professional references to: Martin B. Steed, DDS, chair, Department of Oral and Maxillofacial Surgery, 173 Ashley Ave, BSB Room 449, MSC 507, Charleston, SC 29425 or e-mail: steedma@musc.edu.

TEENAGE:
The University of Tennessee Health Science Center is seeking applicants for a tenure track position at the rank of assistant/associate professor in the department of oral and maxillofacial surgery. This position entails responsibilities in both predoctoral and postdoctoral programs of the department. Primary duties include teaching, research and patient care. Intramural practice opportunities are available. Qualifications include a DDS or DMD degree from an ADA-accredited program. The candidate must be board certified by the American Board of Oral and Maxillofacial Surgery or an active candidate for certification and must be committed to obtaining a Tennessee dental license. Salary and academic rank are commensurate with experience and qualifications. Applicants should submit curriculum vitae and two letters of recommendation to: Dr. Larry Weed, chairman, Department of Oral and Maxillofacial Surgery, 875 Union Ave., Memphis, TN 38163.

TEXAS (HOUSTON):
The University of Texas Health Science Center at Houston - School of Dentistry invites applicants for one full-time (1.0 FTE) funded, non-tenured, clinical educator position at the assistant/associate professor level in the Department of Oral and Maxillofacial Surgery. Predoctoral educational experience is highly desirable. Responsibilities will include supervision of students and residents in both clinic and hospital settings. Participation in the department’s intramural practice and pursuit of scholarly activities is strongly encouraged. The applicant must have a dental degree recognized by the Commission on Dental Education of the American Dental Association, or equivalent, and must have successfully completed advanced training in oral and maxillofacial surgery at an accredited institution. A current license to practice dentistry or be eligible for licensure in Texas, and board certification or an active candidate for board certification in oral and maxillofacial surgery are required. Academic rank and salary are commensurate with qualifications and experience. The UTHSC at Houston is an equal opportunity employer, M/F/V/D and a non-smoking environment. Women, minorities, veterans and disabled are encouraged to apply. This is a security-sensitive position and subject to Texas Education Code #51.215. A background check will be required for the final candidate. Please submit letters of application, curriculum vitae and three letters of reference to the UTHSC at Houston online job application site at: jobs.uth.tmc.edu/applicants/ Central?quickFind=93461. Requisition #131290, Dr. James Wilson, vice chairman, Faculty Search Committee, The University of Texas Health Science Center at Houston-School of Dentistry, 7500 Cambridge St., Suite 6510, Houston, TX 77054.

WISCONSIN (MILWAUKEE):
The Medical College of Wisconsin is seeking applications for two oral and maxillofacial surgery faculty positions at the assistant or associate /full professor levels.
These positions offer integration of a vibrant OMS practice with teaching responsibilities in a well-respected, accredited residency training program. MCW is a private academic institution dedicated to leadership and excellence in accordance with superior education, research, and patient care. The OMFS practice encompasses the full-scope of the specialty and is a tertiary care center serving both adult and pediatric populations. Our affiliations include Froedtert Hospital and Children’s Hospital of Wisconsin, both Level 1 trauma centers and the Zablocki Veterans Administration Hospital. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, and shared responsibility for staffing the VA hospital’s OMS service. Applicants must have completed advanced training in oral and maxillofacial surgery at a Commission on Dental Accreditation (CODA) accredited program. The applicant must be board certified or an active candidate for certification by the American Board of Oral and Maxillofacial Surgery and hold a current state license within the United States. Please submit a letter of intent, CV and the names of three professional references to: Steven Sewall, DDS, Oral and Maxillofacial Surgery, 840 N. 87th Street, Milwaukee, WI 53226. For additional inquiries, contact Steven Sewall, DDS at sewall@mcw.edu or 414/805-5781.

Fellowship Non-Coda Accredited

FLORIDA:
A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now taking applications for July 2017. This one-year fellowship is in a private practice environment in Tampa, Florida and the focus is congenital craniofacial anomalies. The primary goal of the practice’s cleft lip/palate and craniofacial fellowship is to educate and provide additional surgical training in the management and treatment of patients with craniofacial and/or facial differences. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in team-focused treatment. For information on the Florida Craniofacial Institute, visit www.floridacranio.com. Please e-mail CV to admin@flcranio.com.

MASSACHUSETTS:
We are pleased to announce a unique one-year fellowship which combines laboratory and clinical research in the Department of Oral and Maxillofacial Surgery at Massachusetts General Hospital for Children. Emphasis of both patient care and research in Pediatric OMS. The fellow serves as an attending surgeon on the Ward Service supervision residents and participating in the trauma on-call schedule. Interested candidates should send a letter of interest, curriculum vitae and two letters of recommendation to Maria J. Troulis, DDS MSc, Massachusetts General Hospital, Department of OMS, 55 Fruit Street, Warren 1201, Boston, MA 02114 or e-mail: mtroulis@partners.org.

MISSOURI (ST. LOUIS):
Oral and maxillofacial surgery fellowship 2017-2018. Sponsored by: The Oral Facial Surgery Institute (www.ofsinstitute.com). Accredited by: Department of Graduate Medical Education at Mercy. This advanced accredited opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a Level 1 trauma center in suburban St. Louis. This intensive fellowship program will focus on facial cosmetic, reconstructive, orthognathic, and TMJ surgery, facial trauma and complex dental implantology. Candidates must have completed an approved OMS residency. Missouri dental and or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to: Dr. Michael W. Noble, chairman and director of oral and maxillofacial surgery, Attention: Scott E. Graham, MA, CMPE, FAADOM administrator, 621 South New Ballas Road, Suite 16A, St. Louis, MO 63141, phone: 314/251-6725, fax: 314/251-6726, e-mail: scott@ofsinstitute.com. or visit our Web site at www.ofsinstitute.com.

MARYLAND/DISTRICT OF COLUMBIA:
A one-year postgraduate fellowship in orthognathic surgery is offered to recent graduates of accredited OMS programs. The fellowship is sponsored by: Posnick Center for Facial Plastic Surgery. If accepted, the fellow will be required to obtain an active medical or dental license in the State of Maryland and the District of Columbia. A clinical appointment in the Department of Otolaryngology/Head and Neck Surgery at Georgetown University Hospital will be obtained. The philosophy of the fellowship is to enhance skills in: facial esthetic analysis; assessment of head and neck functions, including the upper airway; the patient-doctor relationship; and surgical skills. Clinical activities primarily revolve around the evaluation and treatment of dentoalveolar deformities, the airway, and secondary cleft lip and palate issues. Each patient is followed through their initial consultation, further evaluation, collaborative treatment, immediate preoperative workup, operation, postoperative care and long-term follow-up. The fellow will be Dr. Posnick’s right-hand person, evaluating and managing the patient through all phases of care. There will be an opportunity for clinical research and publication of papers. A salary allowance is provided. Send inquiries to Jeffrey C. Posnick, DMD, MD, e-mail: jposnick@drposnick.com or phone: 301/986-9475.
The American Academy of Cosmetic Surgery certifies facial and general cosmetic surgery fellowship programs to advance a doctor’s education in cosmetic surgery and enhance their clinical skills. These post-residency fellowships around the country provide comprehensive training from the brightest minds in cosmetic surgery. The AACS-certified cosmetic surgery fellowship programs are post-residency programs. Eligible candidates must complete a formal residency education from programs accredited by the ACGME, AOA-BOS, the Royal College of Physicians and Surgeons of Canada, or the ADA. To learn more about the AACS fellowship programs and application details, visit www.cosmeticsurgery.org.

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery and complex implant reconstruction. The clinicians completing the fellowship throughout its 10-year history have subsequently applied their experience to both academic and private practice settings. A substantial stipend is offered. The OMS selected for this position must be able to obtain either an unrestricted North Carolina dental license or North Carolina medical license, obtain hospital privileges and be available from July 1, 2016 through June 30, 2017. The candidate will have extensive exposure to consultations, diagnosis, interdisciplinary treatment planning, treatment and postoperative management of a wide array of patients. It is expected that the candidate will be involved with several hundred major surgical cases. Carolinas Center for Oral and Facial Surgery is located in Charlotte, North Carolina. CCOPS is a 12-surgeon practice with five-offices, each possessing OR facilities and accredited by the AAAHC. The surgeons are well known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by October 31st of each year. The selection will be made on December 31st of each year in order to allow time for licensure. Interested candidates can e-mail dketola@mycenters.com for an application. For more information on the practice, log on to mycenters.com.

Postgraduate fellowship in orthognathic and TMJ surgery offered to recent graduate from accredited OMS program. Expand your skills while working with an accomplished surgeon. Exposure to all aspects of OMS practice is included. All applicants must be eligible to receive a Texas dental license. Contact Dr. Sinn at 817/225-3223 or e-mail: dpsinnoms@gmail.com.

Charleston area medical center and the department of surgery are pleased to offer a one-year post-residency fellowship in cranio-maxillo-facial surgery available July 1, 2017- June 30, 2018. The post involves the care of cleft/craniofacial and pediatric maxillofacial patients in all aspects of surgical and multi-disciplinary management. Exposure to cranio-maxillo-facial trauma and reconstruction, orthognathic surgery, orofacial cancer, pathology, TMJ reconstruction, and cosmetic surgery is also provided. Approximately half of the time is spent caring for pediatric patients. The fellowship is funded at the PGY sixth or seventh year and has an attractive benefits package. Send inquiries to: Bruce B. Horswell, MD, DDS, MS, FACS, director, FACES-CAMC, 830 Pennsylvania Ave., Suite 302, Charleston, WV 25302; e-mail: bruce.horswell@camc.org or fax 304/388-2951.

Excellent opportunity to join a well-established, multi-doctor practice. We are expanding with a satellite office and need an associate that can lead to partnership. Reply to AAOMS Classified Box A-4591.

Multiple OMS opportunities currently available throughout California. Full- and part-time positions. Interested parties please contact Scott Price at Brady Price & Associates at 925/935-0890 or e-mail CV to scott_brady@sbcglobal.net.

Well-established and respected OMS practice in Northern California is seeking an associate leading to partnership. This two-doctor, two-office practice is located in the East Bay area in a thriving, growing suburban community. We practice the full-scope of OMS, are active at the Level 2 trauma center, have a fully implemented EHR, and in-staff in a practice committed to providing the highest level of care with ethics and integrity. Please reply to AAOMS Classified Box A-4585.

Productive Oral Surgery Group seeking two associates. $2700/day average net pay + Per Diem guarantee. Certified surgical assistant provided. Full autonomy. E-mail CV to darius@synergyspecialists.com or call: 310/400-2531 PST.

Oral surgeon needed 1-2 days/month for an established family dental practice in Fairfield County, CT. Large existing referral base with great potential for the right individual. Fully staffed office to handle all administrative tasks along with scheduling patients. E-mail CV to jdblassi@nederlandmanagement.com.

Excellent opportunity for an oral surgeon to become an associate in an affluent Fairfield County area oral surgery practice. Will introduce. Please fax contact information to 203/226-2304.

Premier Denver area oral surgery practice seeking a personable and energetic oral surgeon for associate position. ABOMS certified OMS or active candidate for certification. Contact Larry Chatterley with CTC Associates for more information: phone: 303/795-8800 or e-mail: larry@ctc-associates.com.

Wonderful opportunity in southern Delaware. Established OMS practice seeking motivated, energetic, and personable OMS for associate position leading to partnership and/or early buy-out. Lucrative, fun practice with excellent referral base and unlimited potential. Reply by e-mail: sodeom@msn.com.

Oral surgeon needed for 35-year-old, multi-specialty and general group practice. Full or part time. Modern, fully equipped, efficiently designed offices. Huge patient base assures excellent income. Call Kelly Oliver at 954/461-0172;
partnership. Practices located in beautiful growing area of central Florida seeking ABOMS certified OMS or active candidate for certification for associate position. Very busy practice encompassing all aspects of oral and maxillofacial surgery with heavy implant component. Excellent income potential with fast track to partnership. Generous salary and benefit package. Please send resume to AAOMS Classified Box A-4574.

**FLORIDA:**

Excellent opportunity to join an established, busy and growing private practice with two locations and potential for a third in beautiful Central Florida. Practice located in the Leesburg area with reach into The Villages. As reported by the US Census Bureau March 2015, The Villages is Florida's fastest growing area and the nation's third fastest growing area. Position is full-time and available immediately to replace a retiring associate. Candidate must be motivated to maintain existing referrals and develop new ones as well. Full-scope practice including facial cosmetic surgery. On-call relationship with Level 1 trauma center. Must be board certified or an active candidate for board certification. Please reply to AAOMS Classified Box A-4586.

**FLORIDA:**


Excellent school system. Please forward your letter of interest and CV to e-mail: oralextract@gmail.com or fax: 941/924-2929.

**FLORIDA (NORTHEAST COAST):**

Excellent opportunity in northeast Florida for an OMS who is board certified or an active candidate for board certification. Busy, well-established, high-quality, full-scope practice. Senior partner retiring 2-3 years. Two-surgeon, three-office practice. Seeking motivated and personable associate leading to partnership. Please reply with CV to AAOMS Classified Box A-4454.

**FLORIDA (ORLANDO/ DAYTONA BEACH/ JACKSONVILLE/TAMPA REGION):**

Join our 60–office group practice. Hospital privileges NOT required. Our current oral surgeons exceed $300,000/year. Contact Dr. Andy Greenberg at 407/772-5120 or drgreenberg@greenberdgental.com. All contacts kept confidential. www.greenberdgental.com.

**GEORGIA:**

Oral surgeon needed for large, multi-specialty, multi-location group practice in Atlanta suburbs. No managed care. Full- or part-time positions available. Contact Ashley Shelnut at 770/446-8000, ext. 0003, or e-mail: ashelnutt@dentfirst.com. Visit us online at www.dentfirst.com.

**GEORGIA:**

Oral surgery practice in Atlanta for over 30 years. Multi-doctor, multi-location. Privately owned. Seeking well-qualified applicant over next year. Please e-mail CV to dana@altantaoralsurgery.com.

**GEORGIA:**

Solo practitioner of thriving practice in Rome, Georgia (70 miles NW of Atlanta) looking for associate OMS with genuine interest in patient care. Highly motivated and positive staff. Great income potential and opportunity in this newly renovated office. I would like to provide you with more information on this practice and our community. Please e-mail me at Associateinrome@gmail.com.

**ILLINOIS (CHICAGO):**

Excellent opportunity for an oral surgeon who is board certified or an active candidate for certification to join state-of-the-art multi-specialty practice in Chicago and southwest suburb. Established referral base and limitless growth potential. Please reply to AAOMS Classified Box A-4357.

**ILLINOIS (CHICAGO):**

Excellent opportunity for an oral surgeon who has 1-2 year's experience to join a well-established practice with early partnership. Needs to be motivated and a self-starter. Please reply to AAOMS Classified Box A-4588.

**ILLINOIS:**


**ILLINOIS:**

Outstanding opportunity in a well-established solo practice! Board certified OMS looking for a partner in a top-rated western suburb of Chicago - great schools and family friendly. State-of-the-art, unusually well-equipped office (next to hospital) is designed for two surgeons and support staff. Proven well-educated patient base and distinguished practice reputation require an energetic, ambitious surgeon who cares about patients and their surgical results. Applicants should be willing to develop their presence within our vibrant dental/medical community. This is a buy-in opportunity with planned partnership and eventual buy-out. Please forward your letter of interest to Nowell Blecha, DDS at oralsurgery.naperville@yahoo.com.

**ILLINOIS:**

Carle Physician Group in Urbana, Illinois is seeking a third OMS, board certified or an active candidate for certification, to replace retiring physician; position available July 2016. Fellowship training in cleft and craniofacial surgery preferred. Large built-in referral base in addition to high volume of private practice referrals within 1.5 million catchment area. Nationally recognized OMS residency program, candidate must have an interest in teaching residents. Centrally located to Chicago, Indianapolis and St. Louis and is home to the Big Ten University of Illinois! Great opportunities await as Carle and the University of Illinois partner to establish the nation's first College of Medicine focused on the intersection of engineering and medicine! Competitive compensation and benefit package. Please reply with your current CV to melody.henagar@carle.com.

**ILLINOIS:**

Excellent oral surgery opportunity in the Chicagoland area! Our highly successful private oral surgery practice has a great opportunity for an oral surgeon to join their team. Primarily fee-for-service, some PPO. State-of-the-art facility. Highly-respected, busy practice with great relations in the dental

continued on next page
**CLASSIFIEDS Nov/Dec 2015 (continued)**

**MARYLAND:**
Immediate and Summer 2016 positions are available for associate leading to partnership in a highly successful, expanding, eight-location, full-scope oral and maxillofacial surgery practice in the Maryland/DC/Virginia metro area. Our team is looking for a bright, ambitious, and caring individual. Our future partner must be proficient in all phases of OMS including outpatient general anesthesia and dentoalveolar surgery, implant surgery, TMJ, orthognathic and cosmetic surgeries. Board certified or an active candidate for board certification a must. Highly competitive salary, incentives, benefits and signing bonus included. Please forward your CV to: cmcewandds@sbcglobal.net or phone: 219/879-4551.

**MARYLAND:**
Very high end, state-of-the-art OMS practice is looking for an enthusiastic associate leading to partnership in our Frederick/Upper Montgomery County Maryland location, 45 minutes from Washington DC, Baltimore and Gettysburg. Frederick is surrounded by beautiful mountain views, wineries and vibrant main street communities with unique specialty shops, galleries, museums and theaters. This area has enjoyed a 25% population increase in the last 10 years with a full 1/3 of the households having children under 18 years old and median income of $80,000 per year. This means tremendous growth potential for an already very successful practice in a community rich in history, culture, fine food, excellent schools and reasonably priced homes. This position, which would be a gateway to partnership with a minimal cash buy-in beginning after 18-24 months, is a rare opportunity for the right person. Our beautiful 5000 sq. ft. facility, has state-of-the-art equipment and a highly trained staff. A fully-equipped in-office OR allows for outpatient procedures including orthognathic surgery. If you are a well-trained, board certified or an active candidate for board certification, outgoing and enthusiastic OMS please consider this rare opportunity. We offer a highly competitive base salary, which includes production and signing bonuses as well as a generous benefit package (including malpractice and family health insurance). If you are interested, please forward your CV to: velvel18@aol.com.

**MARYLAND:**
Excellent opportunity for an OMS board-certified or an active candidate for board certification in a multi-doctor, two-office practice just west of the Washington, DC/Baltimore area in Hagerstown, MD and Martinsburg. WV. Two modern, state-of-the-art facilities. Full-scope busy practice close to the amenities of the metropolitan area without all the congestion. Excellent schools and many outdoor activities: hiking, cycling, skiing and golf. Competitive salary and benefit package will be offered to an energetic, enthusiastic, motivated, and well-trained individual. Send CV to fax: 301/733-9600, or e-mail: hnelson@omaxdocs.com

**MARYLAND:**
Well-established OMS practice in DC/MD metro area seeking a part-time OMS board certified or an active candidate for board certification. Excellent compensation and opportunity for a newly established or retired surgeon. Please send CV to AAOMS Classified Box A-4589.

**MARYLAND:**
Well-established oral surgery, multi-office practice seeking a full-time OMS board certified or an active candidate for board certification for a rapidly growing solo practice. A third office is being prepared this fall and this is an excellent opportunity to get involved at the ground level with early partnership as our business plan. This is the perfect situation for someone who is settled into living in the DC/MD metro area. Please send CV to AAOMS Classified Box A-4590.

**MASSACHUSETTS:**
Career opportunity for OMS board certified or active candidate for certification. Associate position, fast-tracked to partnership, in well-established, full-scope, two location OMS group. Desire outgoing, friendly personality. Excellent compensation. Close to Boston and its renowned cultural, educational and recreational offerings. E-mail CV to: Hresbah@gmail.com.

**MASSACHUSETTS:**
Well-established, successful, three-doctor oral and maxillofacial surgery practice in southeastern Massachusetts seeking a motivated, personable OMS for associate position leading to partnership. Candidate must be board certified or an active candidate for certification. Excellent compensation and benefit package with a four-day work week. Large, efficient full-scope practice with emphasis on maxillofacial/dentoalveolar surgery, implants, pathology and office general anesthesia. Experienced surgical staff. Close to Boston and Cape Cod. Please reply to AAOMS Classified Box A-1564 or e-mail: omals1966@gmail.com.

**MASSACHUSETTS:**
Well-established oral surgery office on the North Shore/ Greater Boston area is seeking...
a full-time associate to work 2-3 days/week. This is a newly constructed practice in a coastal town, about 45 minutes from Boston and New Hampshire mountains. The practice is located within a professional building with multiple referring doctors.

Local hospitals about 1 mile away. Referral base is large and offers an opportunity for wide scope oral surgery procedures. Both single and dual degree candidates are encouraged to apply. Massachusetts dental and anesthesia licenses are mandatory. Please reply to AAOMS Classified Box A–4581.

MASSACHUSETTS:

Our practice has served the Lowell, MA area for more than 50 years and Nashua, NH for over 25 years. This fall, we are opening a brand new office in Chelmsford, MA and are seeking an OMS board certified or an active candidate for board certification to help us fully realize the potential of this state-of-the-art facility. We currently have three partners and one part-time associate. This new associate we hire will be considered for partnership within the first year. We practice full-scope oral and maxillofacial surgery including dentoalveolar, implants, pathology, orthognathics, trauma, TMJ, sleep apnea, and cosmetics. Our offices are conveniently located approximately 40 minutes from Boston. Coveted New England beaches are less than an hour away and the mountains of northern New England are a few hours drive. Many desirable, top-rated school systems make this an excellent location for families. We are offering a highly competitive salary as well as health insurance, continuing education courses, professional dues, malpractice insurance, 401k plan, 125 plan, monthly car allowance, moving allowance and generous vacation time. We pride ourselves on our supportive working environment, both within our practice and with our broad range of referrals. We are seeking a caring, committed and energetic surgeon who has the skill and motivation to be part of a successful practice with great future potential. This is an exciting time for our practice and a rare opportunity for a qualified new associate. Reply to AAOMS Classified Box A–4581.

MICHIGAN:

Well-established, very busy, full-scope OMS practice in southeast Michigan seeking an OMS ABOMS certified or actively seeking certification for full-time employment. Send CV to Dr. Marvin Jabero at mjabero@gmail.com.

MICHIGAN:

Oral surgeon needed to join practice in southeast Michigan. Base compensation $250K. Our goal is to establish a long-term business relationship with an associate. We are a growing practice with a forward-thinking owner-doctor. Please send resumes to businessmcos@gmail.com.

MICHIGAN:

Oral and maxillofacial surgeon needed to join well-established and respected group practice in southwest Michigan. Full-scope practice that is especially strong in dentoalveolar, implant, and orthognathic surgery. Stable referral base of high quality general dentists and fellow specialists. Digital imaging in place with second generation i-cat, implant and dolphin software. Currently in the process of converting to electronic medical records. University town with many amenities. Great opportunity with strong schools, family atmosphere, and only 45 minutes away from Lake Michigan beaches. A fun place to practice and raise your family. Please reply by e-mail: officemanager@kaloms.com.

MICHIGAN:

Seeking an OMS board certified or an active candidate for board certification for an immediate opportunity in a longstanding high-quality practice in Mid-Michigan. Multiple locations, OMS will share work responsibilities with partner opportunity. Contact Robert Eberline, Peak Practice Transitions at 888/477-7325 or e-mail: roberte@peaktransitions.com.

MINNESOTA:


MISSOURI:


MISSOURI (ST. LOUIS):

Two-surgeon, two-office, established practice in suburbs. Senior doctor nearing retirement. Full-scope. Qualifications include good training, integrity, work ethic, professional appearance, skill. A favorable and unique partnership experience is offered. Contact Dr. Kenneth Kram, e-mail: drkram@sbcglobal.net or fax: 314/569-2320.

MISSOURI:

Seeking an oral surgeon who is board certified or an active candidate for certification for a full-scope oral surgery practice in St. Louis, Missouri. Our group is composed of four full-time oral surgeons practicing in three offices in the suburbs of St. Louis. Our most senior partner recently retired, and we are looking for a new associate on a full partner track in 12 to 18 months. Please call Denise at 314/434–0493.

MISSOURI:

Well-established oral surgery practice seeks an associate OMS who is board certified or an active candidate for board certification. We are a full-scope, two-office private practice in a university setting. An appointment at Washington University School of Medicine will be given in the Department of Otolaryngology, Head and Neck surgery. Our practice is very active in the teaching hospital. Procedures include tumor excision and reconstruction, TMJ arthroplasty and replacement, orthognathic surgery, dentoalveolar, dental implants, facial implants, trauma, hard and soft tissue grafting. We are looking for an associate to participate in all of the above as well as take care of tertiary care patients, ie, pre and post cardiac, liver, lung, stem cell transplants, LVAD patients, etc. Contact Allen Sclaroff, DDS, professor of otolaryngology and oral and maxillofacial surgery, Department of Otolaryngology, Head and Neck Surgery, Washington University School of Medicine, St. Louis, MO; phone: 314/361-6006, e-mail: asclaroff@aol.com or Michael Kurtz, Practice Administrator at 314/402-3427; e-mail: mkkurtz@uomfs.com.

NEW JERSEY (ESSEX/ MORRIS COUNTY):

Well-established, four-doctor OMS practice, strongly

continued on next page
committed to quality patient care, seeking an OMS board certified or an active candidate for board certification for associateship and partnership if desired. Three state-of-the-art offices with surgical suite and I–cat. Excellent referral base with strong growth potential. Competitive salary with benefits including health and malpractice insurance and pension plan. Please forward CV to AAOMS Classified Box A–4560.

NEW JERSEY (NORTHERN): Part-time position with flexible hours/days. Possibly opportunity for short-term buy-in. Salary negotiable. E-mail: vonspa@gmail.com.

NEW JERSEY: Well-established group practice seeks an OMS who is board certified or an active candidate for board certification for associate leading to partnership. Our full-scope, five-doctor, multi-office practice is located in a college community in central New Jersey. We also provide coverage at a Level 1 trauma center. Please send resume to kateg@oralsurgerygroup.com

NEW YORK: Outstanding opportunity to join an innovative multi-location OMS practice in Manhattan. New York City is an excellent place to live/works with a vast array of cultural/recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. Practice is office-based full-scope, dentoalveolar and implant surgery under general anesthesia. High quality, high-tech digital office. Emergency room call and academic affiliations available. Competitive compensation and future partnership for ideal candidate. Will sponsor green card candidates. E-mail CV to: robert.bodey@mofsnyc.com or contact Robert Bodey at 212/567-5536.

NEW YORK: Excellent opportunity, well-established OMS group located in the Mid-Hudson Valley region. Seeking an OMS board certified or an active candidate for certification to be a full-time associate and future partner. Please e-mail CV to: mhospok@verizon.net.

NEW YORK: Excellent opportunity for an OMS board certified or an active candidate for certification to join a well-established multi-office practice in the beautiful Hudson Valley. Strong referral-based practice that offers full-scope of oral and maxillofacial procedures including implants and general anesthesia, etc. in a state-of-the-art facility. I–cat and surgical suite on premises. Association leading to partnership for a well-motivated, personable, patient friendly and ethical OMS. Interested parties, forward CV to AAOMS Classified Box A–4572.

NEW YORK: Excellent opportunity in a well-established OMS practice in Staten Island, New York. Seeking a part-time OMS, could lead to full-time for the appropriate candidate. Our practice focuses on dentoalveolar and implant surgery. For additional information e-mail: statenislandoms@gmail.com or Call: 908/377–6192.

NEW YORK: Prime opportunity for fast track to partnership. Long Island state-of-the-art office seeks skilled surgeon for busy office. Reply to AAOMS Classified Box A–4584.

NEW YORK (LONG ISLAND): Seeking energetic person to join a unique multi-doctor practice. Association leading to partnership for motivated, personable, and ethical OMS. Our group is office/hospital-based and provides a full scope of oral and maxillofacial surgery, including cosmetic procedures. A full-time esthetician also provides nonsurgical cosmetic services in our medical spa. We offer an excellent salary plus a comprehensive benefit package that includes malpractice, health, life insurance, 401(k) and profit sharing. Reply to AAOMS Classified Box A–4442.

NEW YORK (LONG ISLAND): Busy multi-office oral and maxillofacial surgery practice in Suffolk County looking for a surgeon board certified or an active candidate for board certification to practice full-scope surgery, including dental implants, dentoalveolar surgery, orthognathic surgery and TMJ surgery. Affiliated with local hospital and dental residency program. Potential for fast track to partner for motivated doctor. Please e-mail resume or CV to Theresa.work@aol.com.

NEW YORK (LONG ISLAND): Well-established, full-scope, two-office, OMS practice in Long Island. Seeking an OMS for associateship leading to partnership. Emphasis on dentoalveolar, implants, grafting, sedation, orthognathics and trauma. Hospital affiliations with some resident teaching responsibilities. Please e-mail CV to info@plainvieworal.com; call: 516/822–7880 or fax: 516/822–5010.

NEW YORK (WESTCHESTER): Superb opportunity. Well-established, fee-for-service insurance, two-surgeon office, seeking energetic, motivated and personable associate leading to partnership. Practice emphasis on dentoalveolar, implants and grafting. Significant opportunity to expand into other full-scope area. Reply to AAOMS Classified Box A–4580.

NEW YORK (WESTCHESTER COUNTY): Available July 2016 or 2017. Well-respected, established, full-scope OMS practice, is offering a full-time associate position, leading to partnership. This is a unique opportunity for a bright, motivated, well-trained OMS resident or recent graduate who wants to be involved in a recognized academically oriented OMS private practice and live in a very desirable area just north of New York City. Single or double degree candidates will be considered. Reply to AAOMS Classified Box A–4583.

NORTH CAROLINA: Multi-office practice in Eastern North Carolina seeking a personable, confident, and motivated board certified OMS or active candidate for certification to join our practice. Currently seven partners and two associates are in active practice with one partner retiring. Generous compensation and benefits package is available in writing. Pathway is open to partnership and the compensation and benefits package is also available. E-mail: bs4334@gmail.com.

NORTH CAROLINA: Successful oral and maxillofacial surgery practice looking for a board certified or an active candidate for certification and enthusiastic associate leading to partnership to join our team in North Carolina. Beautiful beaches, lakes, and mountains are all close by. An outstanding place to raise a family! Our dental implant and oral surgery center is expanding our brand
to a new location in the Triangle area and know there will be future expansions as well. Must be modest, possess leadership skills to direct, guide, and motivate the team. We thrive in our culture of excellence and established dental implant brand. Currently our practice concentrates on in-office procedures, mainly dentoalveolar pathology, and dental implants. However, there are no limitations on practicing a full-scope if desired as the senior partner has full facial cosmetic privileges at local hospitals. As one of the leading innovative practices in the state we place a very large number of implants per year. We provide multiple AGD/continuing education courses yearly as we truly value educating our referrals and colleagues. Full-time position is 4 days per week with full benefits including but not limited to medical, dental, 401k, full marketing budget and support, and more. We have full hospital privileges with no hospital call! Life is good! Salary is based on experience of the surgeon. Serious inquiries only please! Please send inquiries to ncoralsurgeon@gmail.com.

**NORTH CAROLINA:**

**OHIO (NORTHERN):**
Well-established, two-doctor practice seeking an OMS who is board certified or an active candidate for certification for a busy, up-to-date, two-office practice in northern Ohio. Early partnership available. Please reply to AAOMS Classified Box A-4519.

**OHIO:**
Are you retired military or seasoned OMS? Well-established OMS practice in central Ohio needs you 1-1.5 days a week. If interested please respond to AAOMS Classified Box A-4587.

**OKLAHOMA:**
Excellent opportunity for a motivated and personable OMS in a fast growing practice located in south central Oklahoma. Practice focus is on implants and dentoalveolar surgery. Great income potential with guaranteed beginning salary leading to eventual partnership. Reply to AAOMS Classified Box A-4573.

**OKLAHOMA:**
Excellent opportunity. Twenty-year-old Edmond two-doctor practice seeks associate leading to partnership. Beautiful 5,700 sq. ft. free standing office building 13 years old. Great school system in family oriented community. Staff is very skilled and cohesive. Transition plan in place. Excellent growth potential. Reply to AAOMS Classified Box A-4579.

**OREGON:**
Join Willamette Dental Group and Find Your Freedom in the Pacific Northwest! Excellent opportunity to join an innovative and established practice in Portland. Please e-mail agrundy@willamettedental.com to learn more about this full-time oral surgery opportunity. Visit us online at www.willamettedental.com/careers.

**PENNSYLVANIA:**
Quality, well-established, two-doctor, three-office practice located in a medium-sized town in central Pennsylvania, 1.5 hour drive from Pittsburgh. One doctor planning to retire in 1-3 years. Practice healthy, stable area, very low crime rate. Trauma as desired. Great place to raise family, lots of opportunities for recreation and education. Fast commute times. Board certified or active candidate for certification. Please e-mail cover letter and CV to go@atlanticbb.net.

**PENNSYLVANIA/new jersey:**
Fantastic opportunity for an OMS to join state-of-the-art offices full or part time in Northeastern Pennsylvania and Central New Jersey. Full-scope oral and maxillofacial surgery. Compensation $350K and benefits package. E-mail CV to: kboylan47@gmail.com.

**PENNSYLVANIA:**
Well-established, two-office, three-doctor practice seeks an energetic, well-trained surgeon to join our practice as an associate leading to partnership. Located in the Philadelphia suburbs, this area affords an excellent quality of life with award winning schools, housing and endless cultural, dining and sporting activities. Convenient to New York City and Washington, DC as well as the Jersey Shore and Pocono Mountain vacation areas. You would be welcomed into a family friendly community with endless growth potential. Please respond with resume/CV to AAOMS Classified Box A-4550.

**PENNSYLVANIA:**
Excellent opportunity in the Richmond area. Full-scope practice with two locations looking for a well-trained surgeon, offering very good income with early partnership potential. Please send inquiries/resume to drpadgett@rocs.net.

**TENNESSEE:**
Excellent opportunity for an OMS to secure their financial and professional future. Seeking a personable, energetic, board certified OMS with a strong work ethic to run a practice in the heart of Dallas. Well-established dentoalveolar practice with low overhead. High earning potential and opportunity for equity. Send resume to kotlar11980@mtn.com or call 214/392-8115 for more details.

**VIRGINIA:**
Excellent opportunity in the Richmond area. Full-scope practice seeking an associate to partnership. Average collections $141K and benefits package. E-mail CV to Surgeonrecruitment@surgicalsynergistics.com.

**TENNESSEE:**
Multi-office, multi-specialty group practice seeking a motivated and energetic OMS to work 1-4 days per month or more. Dentoalveolar, bone grafting and implant-focused procedures. This will instantly augment the income from your private practice without the expense of establishing a satellite office. Please send letter of interest and CV to Surgeonrecruitment@surgicalsynergistics.com.

**TEXAS:**
Excellent opportunity for an OMS to join a growing practice. Serious inquiries only please! Please send inquiries to ncoralsurgeon@gmail.com.
providing the highest standard of oral and maxillofacial surgical care in the DC metropolitan area. We are seeking a candidate to join our practice spring of 2016. This individual must possess superb surgical qualifications, ethical standards, and interpersonal skills. We are a full-scope oral and maxillofacial practice as well as performing adjunctive cosmetic procedures. Our state-of-the-art operating room offers board certified anesthesiologists facilitating on-site orthognathic, cosmetic and major implant reconstructions. We catapult our associates to success while providing a clear path to partnership! You will be given the professional freedom and opportunity to mature and develop a practice that reflects your strengths while taking advantage of a superbly managed professional corporation. E-mail: jspradlin@fairfaxoralsurgery.com or phone: 703/352-1493, ext. 213.

WASHINGTON:

Amazing opportunity to join a highly-respected, fast-growing practice in beautiful western Washington. Our practice is seeking a dynamic, motivated oral surgeon board certified or an active candidate for certification to join our team. Our state-of-the-art chartless practice features digital radiology, including cone beam CTs in both locations. We are a high-profile practice that sponsors a very successful implant study club. E-mail your CV to dmd2dds@gmail.com.

WISCONSIN:

Outstanding opportunity to join a growing, well-established practice located in a major midwestern metropolitan market. We have three full-time offices located in suburban growth areas. We are a full-scope practice with emphasis on dentoalveolar and implant surgery. Well-known for its quality of life, family-oriented communities and good schools, Milwaukee is a great place to raise a family and enjoy a wide variety of recreational opportunities. We are seeking an energetic, full-time associate surgeon who is currently board certified or actively seeking board certification. The ideal candidate would possess excellent surgical skills as well as interpersonal skills in dealing with both our patients and our staff. Excellent financial package and benefits. Please reply with letter of interest and CV to AAOMS Classified Box A-4582.

WISCONSIN:

Excellent opportunity for an OMS to secure their financial and professional future. Very busy, two-doctor, two-office practice seeks a personable and energetic OMS with a strong work ethic for association leading to partnership. Senior partner looking to phase out over the next few years. The practice has an exceptionally large referral base that is implant-trained and oriented. Candidate must be well-trained in all phases of our specialty. Offices are located in beautiful southeast Wisconsin. If you enjoy golf, fishing, hunting or any of the wonderful activities that the outdoors has to offer and also enjoy being close to the arts, please send resume with references to Dr. Guy Jensen, 464 S. Hickory St., Suite A, Fond du Lac, WI 54935 or fax CV to 920/923-0366.

WISCONSIN:

Looking for an OMS board certified or an active candidate for certification, to join a growing, well-established practice in the area of beautiful mountains and white water rivers. Our well-established OMS practice is seeking an energetic board certified OMS, or an active candidate for board certification, to join our growing group. Three busy offices located in southeastern West Virginia for a full-time associate, leading to partnership. Excellent laid-back location for an outdoor enthusiast, with country or suburban living opportunities. Ideal candidate must possess top clinical compassion and interpersonal skills. They must have a commitment to outstanding patient care and be highly motivated to succeed in a multi-office group practice. Salary of $275-$300K first year. Salary commensurate with training and previous private practice experiences. Bonus incentives included. Contact contact office supervisor at 304/256-3777 or e-mail CV to annie.simms@drgsmilesurgery.com.

WASHINGTON:

Busy, state-of-the-art, Seattle-area OMS practice is looking to bring in an associate surgeon. 5-year-old facility, equipped with cone beam CT scanner, electronic records, and spacious surgical suites. The local area is growing, with multiple new dentists, pediatric dentists, and orthodontists starting practices in our vicinity. Minimal call requirement, Contact us at 425oms6@gmail.com.

WISCONSIN:

Outstanding opportunity to join a growing, well-established practice located in a major midwestern metropolitan area. We have three full-time offices located in suburban growth areas. We are a full-scope practice with emphasis on dentoalveolar and implant surgery. Well-known for its quality of life, family-oriented communities and good schools, Milwaukee is a great place to raise a family and enjoy a wide variety of recreational opportunities. We are seeking an energetic, full-time associate surgeon who is currently board certified or actively seeking board certification. The ideal candidate would possess excellent surgical skills as well as interpersonal skills in dealing with both our patients and our staff. Excellent financial package and benefits. Please reply with letter of interest and CV to AAOMS Classified Box A-4582.

WISCONSIN:

Excellent opportunity for an OMS to secure their financial and professional future. Very busy, two-doctor, two-office practice seeks a personable and energetic OMS with a strong work ethic for association leading to partnership. Senior partner looking to phase out over the next few years. The practice has an exceptionally large referral base that is implant-trained and oriented. Candidate must be well-trained in all phases of our specialty. Offices are located in beautiful southeast Wisconsin. If you enjoy golf, fishing, hunting or any of the wonderful activities that the outdoors has to offer and also enjoy being close to the arts, please send resume with references to Dr. Guy Jensen, 464 S. Hickory St., Suite A, Fond du Lac, WI 54935 or fax CV to 920/923-0366.

WISCONSIN:


Miscellaneous

MAXSURGE HEALTHCARE SOLUTIONS:

Proven revenue cycle management company specializing in prompt and efficient claim filing for OMS. Dedicated payment posting, claim filing/status follow-up and patient AR teams focused on helping you achieve the highest possible ROI for your practice. E-mail: info@maxsurge.com or call 877/629-7874.
PRACTICE ADVISORY GROUP:
Whether your focus is on starting your own practice or relieving yourself of the management challenges of your existing practice, The Practice Advisory Group is uniquely qualified to help you achieve your goals. We understand how valuable your time is. Our goal is to allow you to focus on patient care while we provide the comprehensive practice management required to maximize your productivity and profitability. Our team will become an extension of your practice with billing and timely collections, cash-flow management, accounting and human resources, and long-term planning, including practice growth and development. To find out more about The Practice Advisory Group, contact us today! Call Kathy at 405/615-3929 or Michele at 832/202-4770.

TRANSCRIPTION & HEALTHCARE DOCUMENTATION:
ICD-10 is here! Is your documentation adequate? Good documentation equals good patient care. Dictating a clinic note takes very little time. With over 21-years of OMS transcription experience, let The Binion Group help get your charting in order. Contact us at 983/859-9082.

MEDICAL/DENTAL FACILITY FOR LEASE:
1,612 sq. ft. Fully-plumbed, well-equipped surgery practice for lease. Two (2) operators, drainage, water, suction, electric; two general surgical rooms and more. Long term and extensions available. Orthodontists shared X-ray and viewing room. $2.50 sq. ft./month + utilities. Contact Bobby Catania at 818/266-0337; bobby@infinityrealestate.com.

EQUIPMENT FOR SALE:
3 CritiCare 504DX digital oximeters, $200 CAD each; 1 CritiCare 507S non-invasive patient monitor, BP cuffs with ECG reading, pulse oximeter, temperature probe and printer, $650 CAD or $1199 CAD for the lot ($1000 USD). E-mail: dr.conradi@shaw.ca or phone: 250/890-0055.

EQUIPMENT FOR SALE:
Data scope Passport V Mindray Monitors (3 for sale) includes CO2 monitoring, blood pressure cuffs with cables, pediatric, adult and large adult cuffs, ECG cables (snap attachment), finger sensors and swivel wall mounts. Monitors were bought in 2013 and in excellent condition. Asking $9,000.00.

Practices For Sale

CALIFORNIA:
Multiple northern and southern California oral surgery practices currently available for sale or with associatehip opportunities. CA dental licensure by credentialing and financing available to qualified parties. Contact Brady Price & Associates, specializing in oral surgery practice sales via e-mail at scottp_brady@sbcglobal.net or call Scott Price, 925/935-8090.

FLORIDA:

IDAHO:
OMS practice for sale in beautiful Coeur d’ Alene, Idaho. An excellent opportunity for this well-established practice. The single purpose building may be leased or purchased. The practice has a skilled cohesive staff. Purchase and transition terms are flexible. Call Wendy at 208/870-8623.

IDAHO:
Ideal lifestyle or semi-retirement OMS practice in an upscale ski resort area in Idaho. Modern facility. Only OMS in valley wishes to retire, offering an immediate opportunity for full-scope practice. Excellent hospital and everything for the outdoor enthusiast. E-mail: spengler@svskylan.net or AAOMS Classified Box S-2286.

ILLINOIS:
Established two-doctor, two-office, full-scope practice just north of St. Louis, Missouri, with a strong referral base. Seeking buyer who is board certified or an active candidate for certification. Call Guy at ADS Midwest 800/221-6927; 314/997-0535 or guy@adsmidwest.com.

ILLINOIS:
SW suburb of Chicago – OMS Practice grossing $556K/year with limited hours. It is located in highly populated area with well-established referral base. Excellent growth opportunities! Contact Henry Schein Professional Practice Transitions representative Al Brown by e-mail: al.brown@henryschein.com or call: 630/781-2176. #IL109

ILLINOIS:
Western Suburbs of Chicago. Four ops practice and building for sale in ideal downtown locations on main street. Has specialists coming into practice and separate residential apartments, provide good rental income. Contact Henry Schein Professional Practice Transitions representative by e-mail: al.brown@henryschein.com or call: 630/781-2176. #IL107

ILLINOIS:
Western Suburbs of Chicago - Two practices, one doctor/owner with high growth potential due to current part-time hours. Both in high traffic locations. Won’t last–call for more details! Contact Henry Schein Professional Practice Transitions representative by e-mail: al.brown@henryschein.com or call: 630/781-2176. #IL108 and #IL109.

INDIANA:
Oral surgeon retiring in 2015 or 2016 from practice established in 1976. Practice, equipment and building for sale at a fair price. Everything in place for immediate care of patients. Retiring doctor will acquaint you with the community and dental colleagues. Staff available to continue with new doctor, if desired. Ideal for continued solo practice or as satellite office. Along Lake Michigan; near Chicago, the Indiana Dunes, Notre Dame and Harbor Country, Michigan. Reply by e-mail: cmcewandds@sbcglobal.net or phone: 219/879-4551.

KENTUCKY:
Excellent opportunity for an OMS who is board certified or an active candidate for board certification. Well-established oral surgery and implant practice located in eastern Kentucky. Very busy practice with planned buy-out upon owner retirement. Excellent staff, facility location and referral base. Ideal for solo practice or satellite office. Flexible transition and terms. For additional information, please reply to AAOMS Classified Box S-2287.

continued on next page
## Classifieds

### MARYLAND:
Solo oral and maxillofacial surgeon retiring 2015-2016 on the Eastern Shore of Maryland. OMS surgeon working 3.5 days per week. Gross income $700K per year. Full-scope OMS practice. Excellent referral base in place with ample opportunity for expansion. Skilled and cohesive staff. Flexible transition. Seller phase out/work for purchaser. Ideal for retired military. Room for two surgeons (1,400 sq. ft.). 2.5-3 hours from Baltimore, DC, Philadelphia and 30-45 minutes from Atlantic beaches. Contact Ray at 443/783-1556.

### MARYLAND/DC LINE:
Established oral surgery practice. OMS retiring. Two ops room for three. Grossing over $600K on short week. High Net. Established staff. Contact Polcari Associates at 800/544-1294 or e-mail: info@polcariassociates.com.

### MICHIGAN (SOUTHEAST):

### MISSOURI:
40-year practice in southeast Missouri, OMS retiring. Gross $1.2M, 3.5 days/week. Satellite practice with potential to double. Two large office buildings with room for expansion of practice. Contact B.L. Ogborn, DDS at ogbornbl@netscape.net or 800/333-8179.

### NEVADA:
Busy denture practice grossing $1.14 million in 2014. Doctor retiring and wishes to sell practice. Our current oral surgeon is retiring in June. Reno is a great place for skiing and outdoors. Contact Suzanne or Dr. Stasiwicz at 775/829-8222 or e-mail: renodenturessmile@yahoo.com.

### NEW YORK (LONG ISLAND):
Excellent opportunity. Well-established, well-equipped office in prime location. Looking for someone to buy-in as full partner immediately and eventually buy-out. Owner will help with financing. Reply to AAOMS Classified Box S-2284.

### OREGON:
Western Oregon OMS - Dr. retiring after 30+ years, flexible transition and strong referral base serving 250,000 population. High profit practice collects $1.3M on 170 days/year. Exceptional, newer five-op office with state-of-the-art equipment, including Carestream 3D CT scan. Contact Randy Harrison at RandyH@practicesales.com.

### PENNSYLVANIA:
Low overhead, high profits, Light to no competition. $2.6 collection, no Medicaid. Established practice of 34 years.

### TENNESSEE:
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### TEXAS:
Frisco - 7-year-old state-of-the-art; four operatories, cone beam, transition options. San Antonio Area - retiring solo oral surgeon, established practice, and beautiful mid-sized community. All confidential. Gary Clinton, oral surgery appraiser at 800/583-7765.

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*(The issue to which the deadline applies is indicated in **bold type)**

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<thead>
<tr>
<th>Issue Date</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>January/February 2016 issue</td>
<td>November 11, 2015</td>
</tr>
<tr>
<td>March/April 2016 issue</td>
<td>January 20, 2016</td>
</tr>
<tr>
<td>May/June 2016 issue</td>
<td>March 16, 2016</td>
</tr>
<tr>
<td>July/August 2016 issue</td>
<td>May 18, 2016</td>
</tr>
<tr>
<td>September/October 2016 issue</td>
<td>July 13, 2016</td>
</tr>
<tr>
<td>November/December 2016 issue</td>
<td>September 26, 2016</td>
</tr>
<tr>
<td>January/February 2017 issue</td>
<td>December 15, 2016</td>
</tr>
</tbody>
</table>
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(This form may be photocopied.)

Date

Name

Address

City

State Zip

Phone

Fax

Contact Person

Contact Email

☐ This is not a confidential ad.
☐ This is a confidential ad. Please contact only the following members of my staff if you have questions:

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☐ Repeat Ad
  ☐ Repeat my ad exactly as is from the ______________ issue.
  ☐ Repeat my ad from the ________________ issue, but make changes as indicated.
  ☐ My box # is ____________________.

Please Print or Type Your Ad in the Space Provided or Attach Separate Sheet:

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Card No. Expiration Date

Signature

☐ Check Enclosed Amount Check#\

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Questions? Please contact Marilyn Kukla at 800/822-6637 ext. 4366, or e-mail: marilynk@aaoms.org

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For more information, contact Mary Allaire-Schnitzer at 847/678-6200, ext. 4315, or via e-mail at mallaire@aaoms.org and/or AAOMS Communications & Publications at 847/678-6200, ext. 4366, via e-mail at marilynk@aaoms.org or fax to 847/678-6279.
AAOMS CALENDAR

EDUCATIONAL OPPORTUNITIES
2016

MARCH 5
ICD-10-CM Coding Workshop
The Westin Buckhead
Atlanta, Ga

MARCH 5-6
Anesthesia Assistants Review Course
The Westin Buckhead
Atlanta, GA

APRIL 12-13
Day On The Hill
Grand Hyatt Hotel
Washington D.C.

APRIL 30
Practice Management Stand-Alone Meeting
The Westin Charlotte
Charlotte, NC

APRIL 30
ICD-10-CM Coding Workshop
The Westin Charlotte
Charlotte, NC

APRIL 30–MAY 1
Advanced Protocols For Medical Emergencies in the OMS Office
The Westin Charlotte
Charlotte, NC

MAY 1-2
Beyond the Basics Coding Workshop
The Westin Charlotte
Charlotte, NC

SEPTEMBER 18-23
AAOMS 98th Annual Meeting, Scientific Sessions and Exhibition
Mandalay Bay Convention Center
Mandalay Bay Resort And Casino
Las Vegas, NV

SEPTEMBER 20–22
ICD-10-CM Coding Workshop
The Westin Charlotte
Charlotte, NC

SEPTEMBER 21-22: Beyond the Basics Coding Workshop
In conjunction with AAOMS 98th Annual Meeting
Mandalay Bay Convention Center
Mandalay Bay Resort And Casino
Las Vegas, NV

REGIONAL & STATE SOCIETY MEETINGS
2016

JANUARY 16 & 17, 2016
Oral & Facial Surgeons of California 2016 January Anesthesia Meeting
Palace Hotel
San Francisco, CA

APRIL 13-17, 2016
Combined Annual Meeting of the Southwest Society of OMS & Texas Society of OMS
The Gaylord Texan Resort
Grapevine, TX

2017

APRIL 20-23, 2017
Combined Annual Meeting of the Southwest Society of OMS & Texas Society of OMS
Hyatt Regency Scottsdale Resort & Spa at Gainey Ranch
Scottsdale, AZ
Why Lead? Part II

In Part 1 of this two-part series, Dr. Joel C. Small discussed the transformational nature of leadership in dentists’ professional lives. In Part 2, he discusses how leadership qualities can enhance their personal lives.

LEADERSHIP CREATES HARMONY BETWEEN OUR PERSONAL AND PROFESSIONAL LIVES

Bill George, in his bestselling book True North, describes a process that he calls “integration.” This is the process through which one discovers his/her authentic self and masters the art of being that same authentic self in each aspect of his/her life—work, family, friends, and community.

Value-based leaders are the masters of integration. There is no duplicity in their lives. They are effective leaders because of their authenticity, and they are the same authentic people in their private as well as their professional lives. They define their goals based on the universal nature of their values and purpose, whereby achieving a goal in one aspect of their life enhances and benefits all aspects of their life.

The concept of authenticity has roots based in social psychology. In the mid-1950s, Leon Festinger, a noted American psychologist, presented his theory of cognitive dissonance. This theory suggests that psychological stress is created when there is a difference between our ideal selves and our real selves. Accordingly, the greater the separation between the ideal and the real, the greater the degree of discord or dissonance. Someone who exhibits true authenticity would theoretically experience no discord because their real and ideal self would be the same in all aspects of their life.

The secret to achieving integration is to define with crystal-like clarity who and what we want to be, and make this vision the anchor for all that we do. This is not as simple as it may sound, but the effort is greatly rewarded. Achieving authenticity brings harmony to our lives by allowing us to be who we have chosen to be in any environment. Along with this harmony comes the greatest reward of all—a profound sense of peace.

LEADERSHIP BRINGS CLARITY TO OUR LIFE

Clarity is an important piece of the leadership puzzle. Many of the great minds in the field of leadership consider the ability to provide organizational clarity to be the essential purpose of leadership.

Core ideology is the catalyst for clarity. Core values and purpose, when viewed as the organization’s foundation, or anchor, are perpetual reference points that serve as a guide and catalyst for effective and efficient decision making.

If we are authentic value-based leaders, we maintain the same anchor and are benefitted by the same clarity in all aspects of our life. Foremost among the personal benefits of clarity is our enhanced ability to make difficult decisions. Clarity of purpose allows us to maintain a laserlike focus on what is important. There is a clearly defined path to our goal, and with an absence of uncertainty, we are able to quickly identify false paths or detours that drain our energy. The end result is that we are able to make effective decisions more efficiently while preserving our energy and avoiding the frustration of distractions.

LEADERSHIP DEFINES PURPOSE

There is no one who understands the significance of purpose better than a true leader. The process of becoming a leader requires a deep understanding and alignment with purpose, and one’s purpose in life is the answer to “why” one exists. A true leader derives his or her ability to lead from a strong base forged from a profound understanding and commitment to purpose, and the exercise of developing this base has long been considered a rite of passage to leadership.

Purpose makes a profound difference in our lives because it creates focus and instills motivation. These two ingredients, focus and motivation, are the keys to making things happen. Focus enables us to concentrate on what is important, or essential, to achieving our purpose or goal. Motivation is the mental state that compels us to act or move toward a desired purpose or goal. Ultimately, it is our focus and motivation that enables us to work efficiently and effectively.
Having a common purpose in our personal and professional lives allows us as leaders to communicate and instill a sense of this purpose in our followers. This basic principle of leadership is not situational, nor is it specific to certain types of leadership. Whether we are a great military leader going to battle or an organizational leader going to a board meeting, our success is directly related to our ability to communicate a collectively shared purpose to our followers. If you look deep enough, you will likely find that at the core of every great organization is a leader who has the ability to move people toward a common goal by clearly defining their collective organizational purpose.

There is a wonderful story about the Manhattan Project that I believe illustrates this point quite dramatically. The story is told by Richard Feynman, the eccentric and brilliant Nobel Prize-winning physicist who, along with Robert Oppenheimer, a brilliant physicist as well, helped coordinate and manage the Manhattan Project. In order to fully appreciate the context and the unique historical perspective of this project, a brief history lesson is required. The time is 1942; we are at war with Germany. It has come to the attention of several key people, including Albert Einstein that the Germans are working feverishly to develop an atomic bomb. Einstein, in 1939, had written to then President Franklin Roosevelt to inform him of Germany’s intentions to create a weapon of mass destruction. Subsequent letters from Einstein ensued, informing the president of the urgency of the situation. In 1942, it became apparent that America may be losing the nuclear race with Germany. All agreed that this was a race America could not afford to lose and, in 1942, the Manhattan Project was born. The site chosen for the project was Los Alamos, a small, secluded town in northern New Mexico.

What followed was a massive collaboration between the United States military and our nation’s scientific community. The foremost American scientists and engineers of the time were summoned to Los Alamos under a veil of secrecy that many historians would describe as unprecedented. Entire families, uprooted from their homes and extracted from their communities, were relocated to a crude, military-style compound in this secluded part of New Mexico.

Shortly after their arrival, the work at hand was begun. Teams of scientists and engineers were assigned the task of solving equations and creating scientific formulas that would ultimately enable us to unleash the power of the atom. The work was tedious and the days were long. The military, ever vigilant about maintaining the veil of secrecy, would not allow Oppenheimer to inform the teams about the nature and ultimate goal of the project. They were simply given their tasks with no explanation of their significance. According to Feynman, who was in charge of supervising the teams, chaos ensued. The work progressed slowly, and the quality of the work was substandard, considering the unique qualifications of the assembled talent.

Realizing that something had to be done, Feynman approached his superiors and requested that the recruits be given full disclosure of the project’s purpose. Eventually, the superiors acquiesced, and Oppenheimer gathered the recruits together and delivered a speech that fully addressed the nature of the Manhattan Project and the team’s contribution to its success. Following their meeting with Oppenheimer, the environment was profoundly altered. Feynman described the change as nothing less than a “total transformation.” Oppenheimer had opened the floodgates by simply answering the question “Why?” From that point forward, their efforts had purpose and the culture of the Manhattan Project was immutably changed. The quality of work improved exponentially, and the deadlines were met with time to spare. Teams became self-motivated, requiring little supervision, and they worked tirelessly around the clock. The rest, as they say, is history.

Finally, it is imperative that leaders understand their essential role in defining purpose for themselves and their organization. On one hand, we can motivate individuals by creating a “command-and-control” culture that demands compliance to rules and regulations, and fosters no well-defined sense of purpose. On the other hand, we can create a culture that does not simply motivate, but rather instills motivation, by answering the question “Why?” and clearly defining the collective purpose of the organization.

LEADERSHIP TEACHES THE ART OF AUTHENTIC EXPRESSION

If I were to choose the most distinguishing characteristic of value-based leaders, it would have to be, without question, their ability to express themselves authentically. The authentic expression of self is at the heart of leadership because it engenders two of the essential prerequisites of leadership: trust and credibility.

It is my personal belief that authentic communication has a self-evident quality that somehow disarms our natural defense mechanisms and allows us to communicate at a much deeper level of meaning. It is as if we are
Stephen M. R. Covey, in his excellent book, *The Speed of Trust*, writes about the negotiations that led to the merger of their family business with the Franklin Quest Corporation to form the Franklin Covey Company. Stephen, the son of the noted author, Stephen R. Covey, represented the family business in the negotiations that eventually led to the merger. At one point, the negotiations became quite contentious. The reality of a future merger looked bleak. Stephen openly admits that he made significant mistakes with regard to his handling of the negotiations. The most critical mistake, according to him, was assuming that his reputation alone would be sufficient to create trust between the two merging entities. This assumption, in fact, was not true, and concerns about trust, hidden agendas, and the overall unfairness of the negotiations were prevalent throughout their numerous meetings.

At the low point in their negotiations, Stephen was scheduled to facilitate a pivotal meeting in Washington, DC, between the key decision makers for both sides. The purpose of the meeting was to discuss the strategy issues relating to the merger. Realizing that the merger was doomed to failure without a foundation of trust between the parties, Stephen threw out the meeting agenda, and instead decided to address all of the underlying, unspoken issues that no one had previously been willing to address. The meeting, which was scheduled for two hours, became an all-day event.

“Authentic expression is at the heart of leadership because it engenders two of the essential prerequisites of leadership: trust and credibility.”

Stephen openly addressed the lack of trust between the two parties, and how it had led to misinterpretation of each party’s intentions. By the end of the day, a new sense of trust was created that allowed the negotiations to move forward in a positive, cooperative direction. It was this act of transparency and vulnerability that ultimately changed the course of their negotiations and led to the successful culmination of the business merger.

Mastering the art of communicating authentically has significant implications in our personal lives as well. For some, it has helped repair and redefine their relationship with their families and friends. For others, it has improved the overall quality of their lives by enhancing their ability to communicate at a deeper and more meaningful level. At a minimum, authentic communication helps us create harmony between our real and ideal selves.

A FINAL NOTE REGARDING THE PERVERSIVENESS OF LEADERSHIP IN OUR LIVES

It is hard to deny that leadership has benefit for us professionally as well as personally. Unfortunately, our training as dentists has afforded us little opportunity to develop ourselves as leaders. This is through no fault of our own, or our educational system. There is simply no time to effectively develop leadership skills in the dental curriculum.

It has been my intention, by publishing this series on leadership, to expose us to the transformational nature of leadership in our lives. I hope that in some way I have been able to spark an interest in each of you to pursue further knowledge in this most rewarding and beneficial area.

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